

#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement e	•	Data Day Mila						
Due Dates All Routes			ounty Supt ber 1	To OF Octob		Rate Per Mile \$1.80		
County Name		County Number	District I	Name		Legal Entity N	umber	
Lewis & Clark		25		a Public Schoo		0487 0488		
Route #	Length of Rou	te (miles per day)	Type of		Route Mileage Bus Mileage	Rated Capacit	У	
27	95.5		Bus R	oute Mileage	bus ivilleage	84		
Vehicle I.D. #	License	<b>#</b>	□ District			ctor Owned		
7129	3007			ct - If so, Name of ( cted rate per mile _	Owner T <b>reas</b> ı	ure State Transit		
Reimbursement Distribution- Er	iter the legal en				nt to be paid to e	ach district. Note: Pe	rcentages	
Legal Entity	Legal Er		atch budget! Legal Er		Leg	al Entity		
0487		•		•		•		
% 100.00	%		%		(	%		
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	lumber of Preschool/Kindergarten pupils		RS		HOOL RIDERS des 9-12)	TOTA ELIGIBLE F		
		a NUMBER		NU	b JMBER	c a+1	0	
Regular (include eligible Preschool/hriders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees								
This Application for Registration	of School Bus						sportation	
area assigned to it by the Count Signature - Chair, County Transport	, ,	i Committee.			Date			



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant	nce with Title 20	). Chapter 10. Part 1. MCA	. School dis	strict official must complete	one form for ea	ach bus route that
receives state reimbursement ev						Rate Per Mile
Due Dates			ounty Supt			
All Routes		Octo	ber 1	October 15	;	\$1.57
County Name		County Number	District	Name		Legal Entity Number
Lewis & Clark		25	Helen	a Public Schools		0487 0488
Route #	Length of Rou	te (miles per day)	Type of	Service   Bus Route Miles	-	Rated Capacity
17	94.1		Bus R	□ Non Bus Milea Coute Mileage	age	72
Vehicle I.D. #	License #	#	□ District		Contractor C	
7134	3009			ct - If so, Name of Owner cted rate per mile	reasure Sta	ate Transit —
Reimbursement Distribution- En	ter the legal ent		e of state/co atch budget		aid to each dis	trict. Note: Percentages
Legal Entity	Legal En		Legal E		Legal Entity	y
0488						
% 100.00	%		%		%	
PASSENGER INFORMATION	,,					
Number of Preschool/Kindergart	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route		(======================================		(0.00000	,	
		a		b		C .
Regular (include eligible Preschool/k	Cindergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., i miles OR nonresident and no attendate)						
agreement) (Include ineligible Preschool/Kinderg	arten riders)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus will County Transportation Committee.						
We agree to supervision of this by required; to provide a vehicle which	us and bus routé b	by the State Superintendent; to	make such r	eports to the State Superintende	ent and County S	Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from soli	ensed, qualified an	nd approved driver to operate s	such vehicle a	s required by 20-10-103, MCA.	riigiiway r aliora	ind the state
We understand that violations of t					olding of state ar	nd county reimbursement for
this bus route.  We agree that if this route crosse					een Boards, 20-1	0-126(2) MCA, signed by
the school boards of both districts sh We understand route changes oc					County Transpo	rtation Committee in
accordance with 20-10-132, MCA.  I certify that this application for r bus operates on the route as ap						
Signature - Chair, Board of Trustees		main the transportation se	i vice area a	osignou by the County Hall	Date	millioc.
County T This Application for Registration area assigned to it by the Count	of School Bus a	and State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta		. Committee.			Date	
					Ī	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement events.					mplete one form for e	each bus route that
	-					Rate Per Mile
<b>Due Dates</b> All Routes	<b>5:</b>	Octo	ounty Supt ber 1	To OPI Octobe		\$0.95
County Name		County Number	District	Name		Legal Entity Number
Lewis & Clark		25	Helen	a Public Schools	3	0487 0488
Route #	Length of Rout	e (miles per day)		Service   Bus R	oute Mileage	Rated Capacity
54	87.1		Bus R	□ Non B coute Mileage	24	
Vehicle I.D. #	License #	# □ District Owned			Contractor	
2123	2551			ct - If so, Name of O cted rate per mile	wner Treasure S	tate Transit
Reimbursement Distribution- En	ter the legal enti		of state/co		to be paid to each d	istrict. Note: Percentages
Legal Entity	Legal En		Legal E		Legal Ent	ity
0487						
% 100.00	%		%		%	
PASSENGER INFORMATION						_
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RIDE (Grades PK-8)	RS		OOL RIDERS es 9-12)	TOTAL ELIGIBLE RIDERS
riding this route	<u> </u>	,		,	,	
		а			b	С
Regular (include eligible Preschool/k	Kindergarten	NUMBER		NUI	MBER	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e.,						
miles OR nonresident and no attenda agreement)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)					
TOTAL RIDERS						
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this but required; to provide a vehicle which is Superintendent; and to provide a lice.	We further certify the sand bus route be meets the minimurensed, qualified and	nat this bus transports pupils e y the State Superintendent; to n standards as established by d approved driver to operate s	ligible for sch make such r the Board of uch vehicle a	nool transportation as de eports to the State Sup Public Education, the N s required by 20-10-10	efined by 20-10-101, Mo erintendent and County /lontana Highway Patrol	CA. Superintendent as are
We also agree to refrain from soli We understand that violations of this bus route.					for withholding of state	and county reimbursement for
We agree that if this route crosse the school boards of both districts sh We understand route changes oc	all be attached to	the county superintendent's co	py of this do	cument.		
accordance with 20-10-132, MCA.  I certify that this application for r						
bus operates on the route as ap Signature - Chair, Board of Trustees	proved by and w	vithin the transportation ser	vice area a	ssigned by the Cour	nty Transportation Co	ommittee.
,						
County T This Application for Registration area assigned to it by the Count	of School Bus a					
Signature - Chair, County Transporta					Date	



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for e	ach bus route that	
<b>Due Dates</b> All Routes	<b>s</b> :			ounty Sup	t To OPI October 15		Rate Per Mile \$1.80	
County Name			County Number	District	Name		Legal Entity Number	
Lewis & Clark				Helen	a Public Schools		0487 0488	
Route #	Length o	of Route (	miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile		Rated Capacity	
24	87.3			Bus R	Route Mileage	Ü	84	
Vehicle I.D. #	Lic	ense #		□ District		Contractor (		
7131	30	06			ct - If so, Name of Owner cted rate per mile	reasure St	ate Transit	
Reimbursement Distribution- En	ter the leg	gal entity		e of state/co		aid to each dis	strict. Note: Percentages	
Legal Entity	Le	gal Entity	,	Legal E		Legal Entit	ty	
0487		04	.88					
% 58.90		% 41.	10	%		%		
PASSENGER INFORMATION			ELEMENTA DV. DIDE	-DC	HIGH SCHOOL R	IDEDC	TOTAL	
Number of Preschool/Kindergart riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	:K5	(Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)					NOMBLIX		a i b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance	5)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees								
This Application for Registration	of Schoo	I Bus and	State Reimbursement		accordance with Section eviewed and I certify that this			
area assigned to it by the County Signature - Chair, County Transporta			ommittee.			Date		



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e  Due Dates All Routes	ven though trans	sportees of another legal o		lize the services.	·	Rate Per Mile \$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Lewis & Clark		25	Helen	a Public Schoo	ols	0487 0488	
Route #		e (miles per day)	Type of	Service □ Bus □ Non	Route Mileage Bus Mileage	Rated Capacity 72	
05 Vehicle I.D. #	87.4 License #	<u> </u>	□ Bus R	oute Mileage	Contracto	Contractor Owned	
7133	3004		□ Contrac		Owner Treasure		
Reimbursement Distribution- Er	ter the legal ent				nt to be paid to each	district. Note: Percentages	
Legal Entity 0487	Legal En		Legal E		Legal E	entity	
% 100.00  PASSENGER INFORMATION	%		%		%		
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS		HOOL RIDERS ades 9-12)	TOTAL ELIGIBLE RIDERS	
		a NUMBER		N	b UMBER	c a + b	
Regular (include eligible Preschool/kriders)	Kindergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance						
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from sol. We understand that violations of this bus route.  We agree that if this route crosses the school boards of both districts structure. We understand route changes of accordance with 20-10-132, MCA.	We further certify the sand bus route be meets the minimurensed, qualified an iciting or causing of the laws, rules or residistrict lines and hall be attached to	nat this bus transports pupils of the State Superintendent; to standards as established by disproved driver to operate sthers to solicit students from cegulations governing school to transports students from outs the county superintendent's county superintendent superintenden	eligible for sch o make such re vithe Board of such vehicle a other transport ransportation vide the district opy of this doc	ool transportation as eports to the State So Public Education, the s required by 20-10- ation areas. will be sufficient caus , a copy of the agree cument.	defined by 20-10-101, uperintendent and Cour Montana Highway Pat 103, MCA.  e for withholding of statement between Boards,	MCA.  nty Superintendent as are rol and the State  te and county reimbursement for 20-10-126(2) MCA, signed by	
I certify that this application for rous operates on the route as ap							
Signature - Chair, Board of Trustees					Date		
County 1 This Application for Registration area assigned to it by the Count	of School Bus a		-				
Signature - Chair, County Transporta					Date		



#### Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 \$0.95 All Routes October 1 County Name Legal Entity Number County Number District Name Lewis & Clark Helena Public Schools 0487 0488 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 22 **Bus Route Mileage** 12 Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner Treasure State Transit 3604 0155 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0487 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee

Date

For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement even	ce with Title en though tra	20, Chapter 10, Part ansportees of anothe	1, MCA. r legal en	School dis	strict official must complete ilize the services.	one form for e	ach bus route that	
<b>Due Dates:</b> All Routes	:	·	To Co Octob	ounty Supt per 1	To OPI October 15		Rate Per Mile \$1.80	
County Name		County Number	er	District	Name		Legal Entity Number	
Lewis & Clark		25		Helen	a Public Schools		0487 0488	
Route #	Length of R	oute (miles per day)		Type of	Service   Bus Route M  Non Bus Mile		Rated Capacity	
	6.5			Bus R	oute Mileage	caye	84	
Vehicle I.D. # 1891	Licens 9456				ct - If so, Name of Owner	Contractor ( Treasure S		
Reimbursement Distribution- Ente					cted rate per mileunty reimbursement to be	paid to each di	strict. Note: Percentages	
Legal Entity				tch budget Legal E	!	Legal Enti		
0488	Legai	Littly		Legal L	inity	Legai Liiti	ty	
0/ 400.00	0/			0/		0/		
% 100.00 PASSENGER INFORMATION	%			%		%	•	
Number of Preschool/Kindergarteriding this route	en pupils	ELEMENTAF (Grades		RS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		a			р		С	
	Regular (include eligible Preschool/Kindergarten				NUMBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., ur miles OR nonresident and no attendar agreement) (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	nce							
TOTAL RIDERS								
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County Tr This Application for Registration of area assigned to it by the County	of School Bu	is and State Reimbur			accordance with Section viewed and I certify that the			
Signature - Chair, County Transportat						Date		



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ev					one form for ea	ach bus route that
						Rate Per Mile
<b>Due Dates</b> All Routes	!		ounty Supt ber 1	t To OPI October 15		\$1.80
County Name		County Number	District	Name		Legal Entity Number
Lewis & Clark		25	Helen	a Public Schools		0487 0488
Route #	Length of Ro	ute (miles per day)		f Service   Bus Route M		Rated Capacity
34b	5.6		Bus R	□ Non Bus Mile Route Mileage	eage	84
Vehicle I.D. #	License	□ District Owned			Contractor C	
0760	4238			ct - If so, Name of Owner cted rate per mile	Treasure St	ate Transit
Reimbursement Distribution- Ent	er the legal er		e of state/co atch budget		oaid to each dis	trict. Note: Percentages
Legal Entity	Legal E	ntity	Legal E		Legal Entit	у
0487		0488				
% 96.90	%	3.10	%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergarte	en pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route	<u> </u>	,		,	,	
		a		b		c .
Regular (include eligible Preschool/Ki	ndergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related S	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda						
agreement) (Include ineligible Preschool/Kinderga						
Nonpublic School Riders (ineligible)	aton nacrey					
TOTAL RIDERS						
We hereby certify that this bus will	operate entirely	on the route established by the	e Board of Tru	Istees and within the transporta	ntion area assigne	ed and approved by the
County Transportation Committee. We agree to supervision of this bu required; to provide a vehicle which m	e further certify s and bus route	that this bus transports pupils e by the State Superintendent; to	eligible for sch make such r	nool transportation as defined be eports to the State Superintend	y 20-10-101, MC. lent and County S	A. Superintendent as are
Superintendent; and to provide a licer We also agree to refrain from solic We understand that violations of the	nsed, qualified a iting or causing	and approved driver to operate so others to solicit students from continuous	such vehicle a other transport	is required by 20-10-103, MCA. tation areas.		
this bus route.			•		· ·	,
We agree that if this route crosses the school boards of both districts sha We understand route changes occaccordance with 20-10-132, MCA.	all be attached to	the county superintendent's co	opy of this do	cument.		
I certify that this application for re						
bus operates on the route as app Signature - Chair, Board of Trustees	noved by and	within the transportation se	i vice ai ea a	issigned by the County Iran	Date Date	mmucc.
County To This Application for Registration area assigned to it by the County	of School Bus					
Signature - Chair, County Transportar					Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda									ne form for e	ach bus route that
receives state reimbursement e		ougii iiai	ispon	•	-	•				Rate Per Mile
<b>Due Date</b> All Routes				<b>To Co</b> Octol	ounty S per 1	Supt		OPI tober 15		\$1.36
County Name			1	County Number	Dis	trict Name	)			Legal Entity Number
Lewis & Clark				25	He	elena Pu	blic Sch	ools		0487 0488
Route #	Leng	th of Ro		niles per day)			ice □ Bı	us Route Mile		Rated Capacity
25	110	.8			Bu	s Route		on Bus Milea	ige	66
Vehicle I.D. #		License #			•	Bus Route Mileage  □ District Owned Contractor				Owned
0964		3002					so, Name ate per mil		reasure St	ate Transit
Reimbursement Distribution- Er	nter the	e legal er	ntity n	umber and percentage must ma			eimbursen	nent to be pa	id to each dis	strict. Note: Percentages
Legal Entity		Legal E				al Entity			Legal Enti	ty
0487			048	38		049	1			
% 17.82		%	31.3	5	Q	% 50.83	3		%	
PASSENGER INFORMATION				ELEMENTARY RIDE	DS		пісп с	SCHOOL RIE	)EDS	TOTAL
Number of Preschool/Kindergar riding this route	ten pu	pils		(Grades PK-8)	110			Grades 9-12)		ELIGIBLE RIDERS
				a NUMBER				b NUMBER		c a+b
Regular (include eligible Preschool/l	Kinderg	arten		NOMBLIX				NOMBLIX		a i b
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service	е								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend		3								
agreement) (Include ineligible Preschool/Kinderg		iders)								
Nonpublic School Riders (ineligible)										
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.										
I certify that this application for bus operates on the route as ap										
Signature - Chair, Board of Trustees									Date	
County This Application for Registration area assigned to it by the Coun	of Scl	hool Bus	and S							
Signature - Chair, County Transport	-	_	00						Date	



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev								one form for e	ach bus route that
<b>Due Dates</b> All Routes	:			ounty Sober 1	Supt		<b>To OPI</b> October 15		Rate Per Mile \$1.80
County Name			County Number	Dist	trict Na	ame		Legal Entity Number	
Lewis & Clark			25				Schools		0487 0488
Route #	Length of	Route (	(miles per day)	Тур	Type of Service ☐ Bus Route M☐ Non Bus Mile				Rated Capacity
15	106.5				Bus Route Mileage			<u> </u>	84
Vehicle I.D. #	Lice	nse#		□ Dis				Contractor (	
7130	300	8				- If so, Na ed rate pe	ame of Owner Ter mile	reasure S	tate Transit
Reimbursement Distribution- Ent	ter the lega	l entity		e of state atch bud		nty reimbu	rsement to be pa	aid to each di	strict. Note: Percentages
Legal Entity	Lega	al Entity	1		al Enti	•		Legal Enti	ty
0487		04	188		(	0491			
% 1.06	9,	6 19.	49	9,	% 79	9.45		%	
PASSENGER INFORMATION			ELEMENTA DV DIDE	-DO		1.11	OLLOGUEOU DU	DEDO	TOTAL
Number of Preschool/Kindergart riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	:KS		н	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER				b NUMBER		c a+b
Regular (include eligible Preschool/Kindergarten			NOMBLIC				NOMBER		a + 5
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg: Nonpublic School Riders (ineligible)	ance								
TOTAL RIDERS									
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County T This Application for Registration area assigned to it by the County	of School I	Bus and							
Signature - Chair, County Transporta			ommuce.					Date	



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev	nce with Tit	tle 20, C	Chapter 10, Part 1, MCA ortees of another legal e	. School di	strict official must complete tilize the services.	one form for e	ach bus route that	
<b>Due Dates</b> All Routes		·		ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$1.80	
County Name			County Number	District	Name		Legal Entity Number	
Lewis & Clark			25	Heler	a Public Schools		0487 0488	
Route #	Length of	Route	(miles per day)	Type o	f Service   Bus Route M  Non Bus Mile		Rated Capacity	
35	38.5			Bus F	Route Mileage	age	84	
Vehicle I.D. #		nse#		<ul><li>□ Distric</li><li>□ Contra</li></ul>	t Owned act - If so, Name of Owner	Contractor ( Treasure St		
1890	945				acted rate per mile			
Reimbursement Distribution- En	iter the lega	al entity		e of state/co atch budge		aid to each dis	strict. Note: Percentages	
Legal Entity 0487	Leg	al Entity 04	/ 488	Legal E	intity	Legal Enti	ty	
% 64.62	q	% 35.	.38	%		%		
PASSENGER INFORMATION	_							
Number of Preschool/Kindergard riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a		b NUMBER		c a+b	
	Regular (include eligible Preschool/Kindergarten				NOWBER		аты	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda								
agreement) (Include ineligible Preschool/Kinderg	arten riders)	)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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This Application for Registration	of School	Bus and	d State Reimbursement		accordance with Section eviewed and I certify that thi			
area assigned to it by the Count Signature - Chair, County Transporta			Committee.			Date		
• •								



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ev	ice with Titl en though	e 20, C transpo	Chapter 10, Part 1, MCA ortees of another legal e	. School d	istrict official must complete tilize the services.	one form for e	ach bus route that	
<b>Due Dates</b> All Routes	:	·		ounty Sup ber 1	ot To OPI October 15		Rate Per Mile \$1.80	
County Name			County Number	District	Name		Legal Entity Number	
Lewis & Clark			25	Heler	na Public Schools		0487 0488	
Route #	Length of Route (miles per day)			Type o	of Service □ Bus Route M □ Non Bus Mile		Rated Capacity	
02	37.4			Bus F	Route Mileage	84		
Vehicle I.D. # 0758	421				t Owned act - If so, Name of Owner acted rate per mile	Contractor ( Treasure S		
Reimbursement Distribution- Ent	er the lega	entity		of state/co	ounty reimbursement to be	paid to each di	strict. Note: Percentages	
Legal Entity	Lega	al Entity		atch budge Legal E		Legal Enti	ty	
0487		04	·88					
% 57.95	%	5 42.0	05	%		%		
PASSENGER INFORMATION							_	
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten					NOWBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)		1						
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda								
agreement) (Include ineligible Preschool/Kinderga								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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County To This Application for Registration area assigned to it by the County	of School E	Bus and	State Reimbursement		accordance with Section eviewed and I certify that the			
Signature - Chair, County Transportation			ommuco.			Date		



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Rate Per Mile    Due Dates   To County Number   District Name   Legal Entity Number   District Name   District Name   Legal Entity Number   District Name   District Name	This form is required in accorda	nce with Title	e 20, Chapter 10, Part	t 1, MCA.	School di	strict official i	must complete o	one form for e	ach bus route that	
County Name    County Number   District Name   Legal Entity Number   District Name   District			anoportodo di anomi	-					Rate Per Mile	
Legal Entity						ı			\$0.95	
Rated Capacity  36.1  36.1  Sus Route Mileage  Bus Route Mileage  Contractor Owned  Treasure State Transit  Contract—It so, Name of Owner  Treasure State Transit  Legal Entity  0487  % 50.00  % 50.00  % 50.00  % 50.00  % 50.00  % 50.00  % 50.00  % 50.00  My 50.	County Name		County Numb	er	District	Name			Legal Entity Number	
Section   Sect	Lewis & Clark		25		Helena Public Schools				0487 0488	
## District Owned Contract—If so, Name of Owner Treasure State Transit    Ostroct Owned   Contract—If so, Name of Owner Treasure State Transit		Length of F	Route (miles per day)			Service [	Bus Route Mil		ge Rated Capacity	
Vehicle I.D. #	61	36.1			Bus R			age	12	
Reimbursement Distribution-Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity 0488  Legal Entity 0488  Legal Entity 0488  So 50 00 So 50 00 So 50 00 So 50 00 So So 50 00 So	Vehicle I.D. #	Licen	se#					Contractor (	Dwned	
Legal Entity 0487  Legal Entity 0488  Number of Preschool/Kindergarten pupils (Grades PK-8)  Legal Entity 0488  TOTAL ELIGIBLE RIDERS  Incline Light Preschool/Kindergarten 10ders) 14 Whelechair (WC) 2nd Wheelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchairs (WC) 2nd Wheelchairs (WC) 2nd Wheelchairs (WC) 3nd Whee	0155	3604	1					reasure St	ate Transit	
Legal Entity 0487  We 50.00  We 50.00  We 50.00  We 50.00  We 50.00  We 50.00  We To Talk  ELEMENTARY RIDERS (Grades 9-12)  Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten inders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  2nd Wheelchair (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Regular (include singible Preschool/Kindergarten inders)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Regular (include singible Preschool/Kindergarten inders)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Regular (include ineligible Preschool/Kindergarten inders)  Non-WC IEP Lists Trans as Related Service  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, McA.  We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and county Superintendent as are required, to provide a vehicle within meets the minimum standards as established by the Board of Public Ecutation, the Mortanian and the State Superintendent for make such reports to the State Superintendent so county Superintendent so make such reports to the State Sup	Reimbursement Distribution- Er	iter the legal	entity number and pe				rsement to be pa	aid to each dis	strict. Note: Percentages	
PASSENGER INFORMATION  Unmber of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) IS (Grades IS (Grades 9-12) IS (Grades IS (Grades IS (Grades IS (Grades IS (		Lega		must mate				Legal Entit	.y	
PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils  (Grades PK-8)  Regular (include eligible Preschool/Kindergarten pupils  Regular (include eligible Preschool/Kindergarten noders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR normesident and no attendance agreement)  (Include ineligible Preschool/Kindergarten inders)  Nonpublic School Riders (i.e., under 3 miles OR normesident and no attendance agreement)  (Include ineligible Preschool/Kindergarten inders)  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR normesident and no attendance agreement)  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of his bus and bus route by the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education. How Montana Highway Patrol and the State Superintendent and County Superintendent and County Superintendent and County Superintendent of the State Superintendent and County Superintendent for this bus route.  We also agree to refain from sociliting or cassing others is socilited to teaching others in sociliting of scalaring others is socilited to the state students from the transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of this document.  We understand that violations of the law	0487		0488							
PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8)  BELMENTARY RIDERS (Grades PK-8)  BIGH SCHOOL RIDERS (Grades 9-12)  BIGHER RIDERS  Regular (include eligible Preschool/Kindergarten niders)  Tast Wheelchair (WC)  Additional Wheelchair (WC)  Additional Wheelchair (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten niders)  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintedent; to make such reports to the State Superintedned and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education. How Montana Highway Patrol and the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education. How Montana Highway Patrol and the State Superintendent and County Superi	% 50.00	%	50.00		%			%		
Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS iding this route  a NUMBER NUMBER C A + b  Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchair (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include inleligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA We agree to supervision of this bus and bus route by the State Superintendent, on which supervision area assigned and approved by the We agree to supervision of the bus and bus route by the State Superintendent, on which supervision area assigned and approved triver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicitis subtents from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement is true and com									_	
Regular (include eligible Preschool/Kindergarten ridders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles On nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent as are required; to provide a vehicle within meets the minimum standards as established by the Board of Public Education, the Intansa Highway Patrol and the State Superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that volations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by th	Number of Preschool/Kindergar	ten pupils			S	HIG				
NUMBER NUMBER NUMBER A + b  Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, Montana Highway Patrol and the State Superintendent, and to provide a licensed, qualified and approved drive to operate such vehicle as required by 20-10-103, MCA.  We agree to supervision of the laws, rules or regulations governing school transportation area.  We also agree to refrait from solicing or causing others to solicid sudens from other transportation wile be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance			(0.000)	, , , ,			(	,		
Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles of R nonresident and no attendance agreement of the properties of							-		С	
1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include Ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation of this bus and bus route by the State Superintendent and County Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Educin, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation area. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from other transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus op		Kindergarten	NUM	BER			NUMBER		a + b	
Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refain from soliciting or causing others to solicit students from other transportation and the State Superintendent and County Superintendents from Other transportation and the State Superintendent will be sufficient cause for withholding of state and county reimbursement for this bus route.  We also agree to refain from soliciting or causing others to solicit students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts										
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## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Page Per Mile    Due Dates   Due Dates   Due Dates   December   Debug   December   Debug   Deb	This form is required in accorda	nce with Title 20,	Chapter 10, Part 1, MCA	. School di	strict official must complete	one form for ea	ach bus route that
County Name Lewis & Clark  County Number Lewis & Clark  Length of Route (miles per day)  O9  36.3  Vehicle LD. # Length of Route (miles per day)  O9  36.3  Vehicle LD. # Longth of Route (miles per day)  O9  36.3  Vehicle LD. # Longth of Route (miles per day)  O9  The Non Bus Nileage Bus Route Mileage Bus Route Mileag							
County Name    County Number   County Number   District Name   Legal Entity Number						:	\$1 80
Lewis & Clark  Route # Length of Route (miles per day)  36.3  Sus Route Mileage Fin Non Boute Mileage Bus Route Mileage Fin Non Boute Mileage Fin Non Boute Mileage Sat  Vehicle LD.# Leones # Distribution Enter the legal entity number and percentage of contract. If so, Name of Owner Treasure State Transit  Contract of wheel Contract of Wheel Contractor Owned Contracted rate per mile Fin State Transit  Legal Entity Fin S						·	
Route #   Length of Route (miles per day)   Sype of Service   Bus Route Mileage   Rated Capacity	County Name		County Number	District	Name		Legal Entity Number
O9   36.3   Bus Route Mileage   84							
Vehicle I.D. #   License #   District Owned   Contract - If so, Name of Owner Treasure State Transit   Contract - If so, Name of Owner Treasure State Transit   Contract - If so, Name of Owner Treasure State Transit   Contract - If so, Name of Owner Treasure State Transit   Contract - If so, Name of Owner Treasure State Transit   Contract - If so, Name of Owner Treasure State Transit   Contract - If so, Name of Owner Treasure State Transit   Contract - If so, Name of Owner Treasure State Transit   Legal Entity   O487   O488   U497   U497   U497   U498   U497   U497   U498   U497   U497   U498   U497   U49	Route #	Length of Route	e (miles per day)	Type of		0	Rated Capacity
Reimbursement Distribution-Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity O487  Legal Entity O488  Legal Entity O488  Legal Entity U487  Reimbursement Distribution-Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity U487  Regular (Note: Percentages must match budget!  Legal Entity U488  Responsible The School Rider (Responsible Responsible Responsibility Responsibil				Bus R	Route Mileage	· ·	<u> </u>
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Legal Entity 0487  We go at the second of the second second of the secon	Reimbursement Distribution- Er	nter the legal entit				oaid to each dis	trict. Note: Percentages
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Regular (include eligible Preschool/Kindergarten riders)  Ist Wheelchair (WC)  Additional Wheelchairs (WC)  Additional Wheelchairs (WC)  Additional Wheelchairs (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (neligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a velicie which meest the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to from other transportation area assigned and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from outside the distinct, a copy of the whiteholds and that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for the soroil. We agree that if this route crosses district lines and transports students from outside the distinct, a copy of the agreement between Boards, 20-10-12(2) MCA, signed by the soroil barries of the supervision of the supervision of the county Transportation Committee in accordance with 20-10-132, MCA.  This Application for Registration of			(Grades i R-o)		(Oraces 5-1	<u>~</u> )	LEIGIBLE RIBERO
Regular (include eligible Preschool/Kindergarten riders)  Ist Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles of N nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent to make such reports to the Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 10-10-3, MCA.  We also agree to refrain from soliciting or causing others to solicit students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand that violations of the laws, rules or required in accordance with 20-10-132, MCA.  This Application for Registration of Schoo			a		b		С
Inderso  Additional Wheelchair (WC)  Additional Wheelchair (WC)  Additional Wheelchair (WC)  Anon-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR norresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent sch reports to the State Superintendent and County Superintendent as are required; to provide a licensed, quieffed and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand frout echanges occurring during the school year require the fling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  This Application for Registration of School Bus and State reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees   County Tr	Regular (include eligible Preschool/h	Kindergarten	NUMBER		NUMBER		a + b
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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.	Signature - Chair, Board of Trustees	<b>;</b>				Date	
This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.	County 1	Fransportation C	ommittee Approval as	required in	accordance with Section	20-10-132, MC	A.
	This Application for Registration	of School Bus ar	nd State Reimbursement				
						Date	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e					te one form for e	ach bus route that
	· ·		, ,			Rate Per Mile
<b>Due Date</b> All Routes			ounty Supt ber 1	t To OPI October 15		\$1.80
County Name		County Number	District	Name		Legal Entity Number
Lewis & Clark		25	Helen	a Public Schools		0487 0488
Route #	Length of Rou	te (miles per day)		f Service   Bus Route		Rated Capacity
08	41.1		Bus R	□ Non Bus N Route Mileage	lileage	84
Vehicle I.D. #	License :	#	□ District	t Owned	Contractor (	
7172	B237			ct - If so, Name of Owner cted rate per mile	Treasure S	tate Transit
Reimbursement Distribution- En	nter the legal ent		e of state/co atch budget		e paid to each di	strict. Note: Percentages
Legal Entity	Legal Er	ntity	Legal E		Legal Enti	ty
0487		0488				
% 78.37	%	21.63	%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergal	rten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL (Grades 9		TOTAL ELIGIBLE RIDERS
riding this route		,		,	,	
		a		b	_	C .
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMBE	R	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	I Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e.,						
miles OR nonresident and no attend agreement)						
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this t required; to provide a vehicle which Superintendent; and to provide a lic	We further certify to bus and bus route to meets the minimu	that this bus transports pupils on the State Superintendent; to m standards as established by	eligible for sch make such r the Board of	nool transportation as defined reports to the State Superinte Public Education, the Monta	d by 20-10-101, MC endent and County na Highway Patrol	CA. Superintendent as are
We also agree to refrain from so We understand that violations of this bus route.	liciting or causing of	others to solicit students from c	ther transpor	tation areas.		and county reimbursement for
We agree that if this route crosss the school boards of both districts s We understand route changes or accordance with 20-10-132, MCA.	hall be attached to	the county superintendent's co	opy of this do	cument.		
I certify that this application for bus operates on the route as application.						
Signature - Chair, Board of Trustees		mami are transportation se	i vioc aita d	looighed by the County T	Date	minuco.
County This Application for Registration area assigned to it by the Coun	of School Bus					
Signature - Chair, County Transport					Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev		,			•			
<b>Due Dates</b> All Routes	<b>::</b>			ounty Sup	t To OPI October 15		Rate Per Mile \$1.80	
County Name			County Number	District	Name		Legal Entity Number	
Lewis & Clark			25		a Public Schools		0487 0488	
Route #	Length of F	Route (	(miles per day)	Type o	f Service   Bus Route Mi  Non Bus Mile	•	Rated Capacity	
45	41.2			Bus F	Route Mileage	J	84	
Vehicle I.D. #	Licen	se#		☐ Distric	t Owned (act - If so, Name of Owner	Contractor (		
0519			acted rate per mile					
Reimbursement Distribution- Ent	ter the legal	entity		e of state/co		aid to each dis	strict. Note: Percentages	
Legal Entity 0487	Lega	l Entity		Legal E		Legal Entit	У	
% 100.00	%	)		%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergart riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b	-			
Regular (include eligible Preschool/Kindergarten					NUMBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ance							
Nonpublic School Riders (ineligible)	arten nacio)							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees	<sub>-</sub> by a	17111	and adhoportunon de		gou by the bounty Har	Date		
Carrete	County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.							
This Application for Registration area assigned to it by the County	of School B y Transporta	us and ation C	d State Reimbursement			s bus operates		
Signature - Chair, County Transporta	ition Committe	ee				Date		



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	ince with Title 20,	Chapter 10, Part 1, MCA	A. School dis	strict official must complete	e one form for ea	ach bus route that
receives state reimbursement e						Rate Per Mile
Due Date: All Routes			County Suprober 1	To OPI October 15		\$0.95
					1	
County Name		County Number	District	Name		Legal Entity Number
Lewis & Clark	Lawath of Davida	(25)		a Public Schools	A11	0487 0488
Route #	Length of Route	(miles per day)	Type of	Service   Bus Route Non Bus Mi		Rated Capacity
57	42.1		1 .	oute Mileage		30
Vehicle I.D. #		□ District	Owned ct - If so, Name of Owner	Contractor C		
7699	9860			cted rate per mile		ate mansit
Reimbursement Distribution- Er	nter the legal entity				paid to each dis	strict. Note: Percentages
Legal Entity	Legal Entit	ТУ	natch budget Legal E		Legal Entit	у
0487	0	488				
% 56.00	% 44	.00	%		%	
PASSENGER INFORMATION	/0 44		70		70	
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL I (Grades 9-7		TOTAL ELIGIBLE RIDERS
riding this route		(Glados Fit o)		(8.0000	· <b>-</b> /	ELIGIBLE TUBEITO
		a		b		С
Regular (include eligible Preschool/l	NUMBER		NUMBER	}	a + b	
riders)  1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	I Sorvico					
	1 Sel vice					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)						
agreement) (Include ineligible Preschool/Kinderg	garten riders)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w	ill operate entirely on	the route established by the	e Board of Tru	ı ustees and within the transpor	tation area assigne	ed and approved by the
County Transportation Committee.  We agree to supervision of this b						
required; to provide a vehicle which Superintendent; and to provide a lice						and the State
We also agree to refrain from sol We understand that violations of	iciting or causing oth	ers to solicit students from o	other transpor	tation areas.		nd county reimbursement for
this bus route.  We agree that if this route crosse	,	, , ,	•		· ·	•
the school boards of both districts sl We understand route changes or	hall be attached to th	e county superintendent's c	opy of this do	cument.	,	( ) , , ,
accordance with 20-10-132, MCA.						
I certify that this application for bus operates on the route as ap	proved by and wit				ansportation Cor	
Signature - Chair, Board of Trustees	3				Date	
County -	Transportation Co	ommittee Approval as	required in	accordance with Section	   20-10-132. MC	<b></b> <b>. A</b> .
This Application for Registration area assigned to it by the Coun	n of School Bus an	d State Reimbursement				
Signature - Chair, County Transport		Johnninger.			Date	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Tit	le 20, C	Chapter 10, Part 1, MCA	. School di	strict official	must complete o	one form for e	ach bus route that
Due Date:	_		-	ounty Sup		To OPI		Rate Per Mile
All Routes		ber 1	L	October 15		\$0.95		
County Name			County Number	District	Name			Legal Entity Number
Lewis & Clark			25	Helen	a Public S	Schools		0487 0488
Route #	Length of	Route (	(miles per day)		Service	□ Bus Route Mil		
59	40.5			Bue B	coute Mile	☐ Non Bus Milea	age	18
Vehicle I.D. #	<u> </u>	nse#		□ District		_	Contractor (	
2272	424	.9			ct - If so, Na cted rate pe	me of Owner 7		
Reimbursement Distribution- Er	nter the lega	l entity		of state/co		rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Lega	al Entity	1	Legal E			Legal Enti	ty
0487		04	·88					
% 40.00	9,	60.	00	%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar	rten pupils		ELEMENTARY RIDE (Grades PK-8)	RS	HIC	GH SCHOOL RI Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route			,			,	,	
			а			b		C
Regular (include eligible Preschool/l	Kindergarten		NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinderd								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus w	ill operate ent	tiroly on t	the route established by the	Board of Tru	etoos and wit	hin the transportat	ion area assign	and and approved by the
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further ce ous and bus ro meets the mi	ertify that oute by the nimum s	this bus transports pupils ene State Superintendent; to tandards as established by	ligible for sch make such r the Board of	nool transporta eports to the S Public Educat	ation as defined by State Superintende tion, the Montana	20-10-101, MC ent and County	A. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of	liciting or caus	sing othe	rs to solicit students from o	ther transpor	tation areas.		olding of state a	nd county reimbursement for
this bus route.  We agree that if this route crosse		Ū					· ·	•
the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA.	hall be attach	ed to the	county superintendent's co	py of this do	cument.	_		
I certify that this application for bus operates on the route as ap								
Signature - Chair, Board of Trustees					- 3.g. 3 ~ ~ y (		Date	212 T
	<b>-</b>						20.40.400.555	<u> </u>
This Application for Registration area assigned to it by the County	n of School I	Bus and						
Signature - Chair, County Transport	•						Date	



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

1,7

This form is required in accordareceives state reimbursement e							one form for e	ach bus route that
Due Date	•		•	ounty Sup		To OPI		Rate Per Mile
All Routes	3		Octo	ber 1		October 15		\$1.80
County Name			County Number	District	Name			Legal Entity Number
Lewis & Clark			25	Helena Public Schools				0487 0488
Route #	Length of	Route	(miles per day)	Type of		<ul><li>□ Bus Route Mil</li><li>□ Non Bus Milea</li></ul>		Rated Capacity
23	39.4			Bus R	oute Mile	age		84
Vehicle I.D. #	Lice	nse #			Owned		Contractor (	
7170	B23	39			ct - if so, Na cted rate pe	ame of Owner Termile	reasure S	iale Transil
Reimbursement Distribution- En	nter the lega	al entity		of state/co		irsement to be pa	aid to each di	strict. Note: Percentages
Legal Entity 0487	Leg	al Entity		Legal E			Legal Enti	ty
% 17.86	(	% 82.	.14	%			%	
PASSENGER INFORMATION			ELEMENTARY RIDE	RS	HI	GH SCHOOL RII	DERS	TOTAL
Number of Preschool/Kindergal riding this route	rten pupils		(Grades PK-8)			(Grades 9-12)		ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/ riders)	Kindergarten		HOMBER			HOMBER		4 1 5
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	dance							
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)		)						
TOTAL RIDERS								
M/a haraby partify that this by a w	ill anarata an	tiralı an	the route established by the	Doord of Tr	esta a a and wi	thin the transportet	ian araa aasian	ad and approved by the
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lic We also agree to refrain from sol We understand that violations of this bus route.  We agree that if this route crosses the school boards of both districts so We understand route changes of accordance with 20-10-132, MCA.	We further copus and bus remeets the mensed, qualificiting or cauthe laws, rules district line hall be attached	ertify that oute by to oute by to inimum so ied and a sing other es or regues and trained to the ong the solution.	t this bus transports pupils e the State Superintendent; to standards as established by approved driver to operate s ers to solicit students from ou ulations governing school transports students from outsi e county superintendent's co hool year require the filing o	ligible for sch make such r the Board of uch vehicle a ther transpor ansportation de the distric py of this do f an amende	nool transports to the Public Educa so required by tation areas. will be sufficient, a copy of the cument.	ation as defined by State Superintende tition, the Montana I 20-10-103, MCA. ent cause for withhouse agreement between and approval of the	20-10-101, MC ent and County Highway Patrol olding of state a een Boards, 20- County Transp	CA. Superintendent as are and the State  and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for bus operates on the route as ap								
Signature - Chair, Board of Trustees							Date	
County This Application for Registration area assigned to it by the Coun	of School	Bus and						
Signature - Chair, County Transport							Date	_



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						nplete one form fo	
<b>Due Dates</b> All Routes				County Sup ober 1	ot To OPI October	15	Rate Per Mile \$1.80
County Name			County Number	Distric	t Name		Legal Entity Number
Lewis & Clark			25		na Public Schools		0487 0488
Route #	Length of F	Route	(miles per day)	Type o	of Service □ Bus Ro □ Non Bu	oute Mileage us Mileage	Rated Capacity
34a Vehicle I.D. #	25	.,		1 .	Route Mileage		84
Vehicle I.D. # License # 4238					ct Owned act - If so, Name of Ov acted rate per mile	Contracto vner Treasure	
Reimbursement Distribution- En	entity			ounty reimbursement t	to be paid to each	district. Note: Percentages	
Legal Entity 0487	Legal	Entity 04		Legal I		Legal E	ntity
% 96.90	%	3.1	10	%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergard	ten pupils		ELEMENTARY RIDE (Grades PK-8)	:RS		OOL RIDERS es 9-12)	TOTAL ELIGIBLE RIDERS
		a NUMBER			b MBER	c a + b	
Regular (include eligible Preschool/kiriders)	NOMBER		1401	IDEN	a + b		
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., umiles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance						
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this but required; to provide a vehicle which is Superintendent; and to provide a lice. We also agree to refrain from solitive will we understand that violations of the bus route.  We agree that if this route crosse the school boards of both districts show understand route changes oc accordance with 20-10-132, MCA.	We further cert us and bus rou meets the min ensed, qualifier citing or causi the laws, rules s district lines hall be attached curring during	ify that ite by the mum sold and a ng other or regulation and tradition the the sch	this bus transports pupils of the State Superintendent; to standards as established by approved driver to operate sers to solicit students from culations governing school transports students from outse county superintendent's concol year require the filing of	eligible for so o make such of the Board of such vehicle other transportation ransportation side the distri- opy of this do of an amendo	hool transportation as de reports to the State Supe f Public Education, the foundaried by 20-10-103 reation areas.  will be sufficient cause foot, a copy of the agreeme occument.	fined by 20-10-101, I printendent and Coun ontana Highway Pat , MCA. or withholding of stat int between Boards, al of the County Tran	MCA.  Ity Superintendent as are rol and the State  e and county reimbursement for 20-10-126(2) MCA, signed by asportation Committee in
I certify that this application for r bus operates on the route as ap							
Signature - Chair, Board of Trustees					-	Date	
County T This Application for Registration area assigned to it by the Count	of School B	us and					
Signature - Chair, County Transporta						Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan	nce with Title 20	), Chapter 10, Part 1, MCA	. School dis	strict official must complete	one form for ea	ach bus route that
receives state reimbursement ev						Rate Per Mile
Due Dates	<b>:</b> :		ounty Supt			
All Routes		Octo	ber 1	October 15	;	\$1.57
County Name		County Number	District	Name		Legal Entity Number
Lewis & Clark		25	Helen	a Public Schools		0487 0488
Route #	Length of Route (miles per day)			Service   Bus Route Mil  Non Bus Milea	-	Rated Capacity
31	44.7		Bus R	Loute Mileage	age	77
Vehicle I.D. #	License #	<del>‡</del>	□ District		Contractor C	
7017	4236			ct - If so, Name of Owner cted rate per mile	reasure Sta	ate Transit —
Reimbursement Distribution- En	ter the legal ent		e of state/co atch budget		aid to each dis	trict. Note: Percentages
Legal Entity	Legal En		Legal E		Legal Entity	у
0487						
% 100.00	%		%		%	
PASSENGER INFORMATION	,,					
Number of Preschool/Kindergart	en pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route		(======================================		(0.00000	,	
		a		b		С
Regular (include eligible Preschool/K	indergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS	0011100					
Ineligible Public School Riders (i.e., umiles OR nonresident and no attendation						
agreement) (Include ineligible Preschool/Kinderg	arten riders)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus will County Transportation Committee.						
We agree to supervision of this but required; to provide a vehicle which re	us and bus routé b	by the State Superintendent; to	make such r	eports to the State Superintende	ent and County S	Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from soli	nsed, qualified an	nd approved driver to operate s	uch vehicle a	s required by 20-10-103, MCA.	riigiiway r aliora	and the State
We understand that violations of t					olding of state ar	nd county reimbursement for
this bus route.  We agree that if this route crosses					een Boards, 20-1	10-126(2) MCA, signed by
the school boards of both districts sh We understand route changes oc					County Transpo	ortation Committee in
accordance with 20-10-132, MCA.  I certify that this application for rouse operates on the route as ap						
Signature - Chair, Board of Trustees	proved by and v	main the transportation se	i vice aita d	osigned by the County Hall	Date	minuo.
County T This Application for Registration area assigned to it by the Count	of School Bus a	and State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta		. Committee.			Date	
					l	



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e							
Due Dates	s:		То Со	unty Supt	To OPI	ı	Rate Per Mile
All Routes	i		Octob	er 1	October 15	\$	\$1.57
County Name		County	Number	District Name			Legal Entity Number
Lewis & Clark		25		Helena Pub			0487 0488
Route #	Length of Route (miles per day)			Type of Service	e 🗆 Bus Route Mil		Rated Capacity
46	45.3			Bus Route			77
Vehicle I.D. #	Licen	se#		□ District Owne		Contractor C	
4394	4240	6		<ul><li>□ Contract - If s</li><li>□ Contracted ra</li></ul>	o, Name of Owner T te per mile	reasure Sta	ate i ransit
Reimbursement Distribution- Er	nter the legal	entity number a		of state/county re	imbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity	Lega	I Entity	matmat	Legal Entity		Legal Entity	1
0487							
% 100.00			%		%		
PASSENGER INFORMATION			ENTARY RIDER	20	LIIOU COLLOGI DI	DEDO	TOTAL
Number of Preschool/Kindergar	ten pupils		ENTARY RIDER Grades PK-8)	KS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route							
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/liriders)							
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend							
agreement) (Include ineligible Preschool/Kinderg							
Nonpublic School Riders (ineligible)	garten nuers)						
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this b	We further cer	tify that this bus tra	ansports pupils eli	gible for school tran	sportation as defined by	20-10-101, MCA	Α.
required; to provide a vehicle which Superintendent; and to provide a lice	meets the min	imum standards a	s established by th	ne Board of Public E	Education, the Montana I		
We also agree to refrain from sol We understand that violations of						olding of state an	d county reimbursement for
this bus route.  We agree that if this route crosse	s district lines	and transports stu	idents from outside	e the district, a copy	of the agreement betwe	een Boards, 20-1	0-126(2) MCA, signed by
the school boards of both districts shad understand route changes of accordance with 20-10-132, MCA.					orm and approval of the	County Transpo	rtation Committee in
I certify that this application for bus operates on the route as application.							
Signature - Chair, Board of Trustees	<u> </u>	Within the tha		aroa aborgito	a 27 and county man	Date	
	<b>-</b>	<b>0</b> : ***	A		1	0 40 405 ***	
This Application for Registration area assigned to it by the Countries	of School E	us and State Re	eimbursement ha		dance with Section 2 d and I certify that this		
Signature - Chair, County Transport						Date	



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				hapter 10, Part 1, MCA					one form for e	ach bus route that
receives state rein	nbursement eve  Due Dates:	en though tra	anspo	ortees of another legal e		y may ut <b>nty Sup</b> f		vices. To OPI		Rate Per Mile
	All Routes			Octo			•	October 15		\$1.57
County Name				County Number		District	Name			Legal Entity Number
Lewis & Clark				25		Helena Public Schools				0487 0488
Route #	L	Length of R	oute (	miles per day)		Type of		☐ Bus Route Mi		Rated Capacity
33	4	43.5				Bus R	oute Mile	□ Non Bus Mile age	age	77
Vehicle I.D. #	<u> </u>	Licens	e #			District	Owned	(	Contractor (	Owned
3402 610							ct - If so, Na cted rate pe	ame of Owner er mile		
Reimbursement D	istribution- Ente	er the legal e	entity i					irsement to be p	aid to each dis	strict. Note: Percentages
Legal Entity		Legal	Entity		iatci	h budget Legal E			Legal Enti	ty
0487										
% 100.00 %						%			%	
PASSENGER INFORMATION						70			,~	
Number of Presch	nool/Kindergarte	n pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	8	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
				a				b		С
Regular (include eligible Preschool/Kindergarten				NUMBER				NUMBER		a + b
riders)		iderganten								
1st Wheelchair (WC)										
2nd Wheelchair (WC	<del>;</del> )									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Ti	rans as Related Se	ervice								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Schomiles OR nonresider										
agreement) (Include ineligible Pr										
Nonpublic School Ri		ton nacroy								
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees										
oignature - Chaif, Bo	oaid Oi TiUSTEES								Date	
				mmittee Approval as						
This Application for area assigned to it					has	s been re	viewed and	I I certify that this	s bus operates	s within the transportation
Signature - Chair, Co									Date	_



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement even						ne form for ea	ach bus route that
<b>Due Dates:</b> All Routes	-		County S tober 1	ıpt	<b>To OPI</b> October 15		Rate Per Mile \$0.95
County Name		County Number	Distr	ict Name			Legal Entity Number
Lewis & Clark		25		ena Public S			0487 0488
Route #	ength of Rou	ute (miles per day)	Туре		Bus Route Mile Non Bus Milea		Rated Capacity
51 4	4		Bus	Route Milea	age `		24
Vehicle I.D. #	License	#		rict Owned		ontractor C	
8872	1807			tract - If so, Nar tracted rate per	me of Owner Ti mile	reasure St	ale Transil
Reimbursement Distribution- Enter	the legal en		ge of state match bud		sement to be pai	id to each dis	strict. Note: Percentages
Legal Entity 0487	Legal E			Entity 0491		Legal Entit	ty
0407	0400		0491				
% 92.00	4.00	%	4.00		%		
PASSENGER INFORMATION		ELEMENTARY RID	NEDC.	1110	SH SCHOOL RID	EDC	TOTAL
Number of Preschool/Kindergarten riding this route	pupils	(Grades PK-8)		піс	(Grades 9-12)	JEKS	ELIGIBLE RIDERS
	a NUMBER			b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)					NOMBLIX		a · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Ser	rvice						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., und miles OR nonresident and no attendanc agreement) (Include ineligible Preschool/Kindergarte Nonpublic School Riders (ineligible)	е						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees							
This Application for Registration of	School Bus						
area assigned to it by the County T Signature - Chair, County Transportation		on Committee.				Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev							
<b>Due Dates</b> All Routes			County Suprober 1	To OPI October 15		Rate Per Mile \$1.80	
County Name		County Number	District	Name		Legal Entity Number	
Lewis & Clark		25		a Public Schools		0487 0488	
Route #	Length of Rout	e (miles per day)	Type of	Service   Bus Route Mi  Non Bus Mile	•	Rated Capacity	
20	43.2		1 .	oute Mileage		84	
Vehicle I.D. # 5654	1259			Owned ( ct - If so, Name of Owner cted rate per mile	Contractor C Freasure Sta		
Reimbursement Distribution- En	ter the legal enti			unty reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity 0487	Legal Entity	У					
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergard riding this route	ten pupils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/kiriders)	Kindergarten	NOMBER		NOMBER		a · b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for r bus operates on the route as ap							
Signature - Chair, Board of Trustees					Date		
County T This Application for Registration area assigned to it by the Count	of School Bus a	ind State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta					Date		



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ev								
<b>Due Dates</b> All Routes	:		To Co Octob	<b>unty Supt</b> er 1	To OPI October 15		Rate Per Mile \$1.36	
County Name		County Number	er	District	Name		Legal Entity Number	
Lewis & Clark		25			a Public Schools		0487 0488	
Route #	Length of Ro	oute (miles per day)		Type of	Service   Bus Route M  Non Bus Mile	•	Rated Capacity	
10	43				oute Mileage		66	
Vehicle I.D. # 6544	Licenso 4222	e #			Owned ct - If so, Name of Owner cted rate per mile	Contractor C Treasure St		
Reimbursement Distribution- Ent	er the legal e		rcentage o		unty reimbursement to be p	paid to each dis	trict. Note: Percentages	
Legal Entity 0487	Legal		must mai	Legal E		Legal Entit	у	
% 89.81	10.19		%		%			
PASSENGER INFORMATION	%							
Number of Preschool/Kindergarte riding this route	RY RIDEF SPK-8)	RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS			
		a NI IME			b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)					NOWBER		a · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	nce							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.								
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as app Signature - Chair, Board of Trustees								
e.g.nataro onan, boald of Hustees								
County To This Application for Registration area assigned to it by the County	of School Bu	s and State Reimbur			accordance with Section viewed and I certify that thi			
Signature - Chair, County Transporta	tion Committee					Date		



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Tit	le 20, Cha	apter 10, Part 1, MCA.	School di	strict official	must complete o	one form for e	ach bus route that
Due Date:	_			ounty Sup		To OPI		Rate Per Mile
All Routes			Octo		•	October 15		\$1.57
County Name		(	County Number	District	Name			Legal Entity Number
Lewis & Clark			25	Helen	a Public S	Schools		0487 0488
Route #	Length of		iles per day)		Service	□ Bus Route Mil		Rated Capacity
22	32.1			Bus R	loute Mile	□ Non Bus Milea aαe	age	71
Vehicle I.D. #	Lice	nse#		□ District	Owned	(	Contractor (	
1110	422	8			ct - If so, Na cted rate pe	ame of Owner Termile	Freasure St	tate Transit
Reimbursement Distribution- Er	nter the lega	l entity nu		of state/co		rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Lega	al Entity		Legal E			Legal Enti	ty
0487		048	<b>o</b>					
% 4.37	9,	6 95.63	3	%			%	
PASSENGER INFORMATION			ELEMENTA DV DIDE	DC.	1 11/	CIT CCHOOL DI	DEDC	TOTAL
Number of Preschool/Kindergar	ten pupils		(Grades PK-8)	KS	HIC	GH SCHOOL RI (Grades 9-12		ELIGIBLE RIDERS
riding this route								
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/l riders)	Kindergarten		NOMBER			NOWBER		4 7 5
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinderd								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus w								
County Transportation Committee.  We agree to supervision of this b	us and bus ro	ute by the	State Superintendent; to	make such r	eports to the	State Superintende	ent and County	Superintendent as are
required; to provide a vehicle which Superintendent; and to provide a lice	ensed, qualifi	ed and app	proved driver to operate s	uch vehicle a	s required by		nigriway Patroi	and the State
We also agree to refrain from sol We understand that violations of						ent cause for withho	olding of state a	and county reimbursement for
this bus route.  We agree that if this route crosse						e agreement betwe	een Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts sl We understand route changes of						and approval of the	County Transp	ortation Committee in
accordance with 20-10-132, MCA.  I certify that this application for								
bus operates on the route as ap Signature - Chair, Board of Trustees		and within	the transportation sei	vice area a	issigned by	the County Tran	sportation Co Date	mmittee.
This Application for Registration	of School I	Bus and S						
area assigned to it by the Coun Signature - Chair, County Transport			nmittee.				Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Rate Per Mile   Due Dates:   To County Supt   To OP  October 15   S1.80	This form is required in accorda	nce with Title 20,	Chapter 10, Part 1, MCA	. School dis	strict official must complete	e one form for ea	ach bus route that
County Name Lewis & Clark 25 Helena Public Schools O487 0488 Route # Length of Route (miles per day) 21 32.2 Vehicle LD.# Ubersale # Length of Route (miles per day) 22 Type of Service Dis Route Mileage 23 Dis Route Mileage 24 Solar Route Mileage 25 Dis Route Mileage 26 Rated Capacity 27 Type of Service Dis Route Mileage 27 Type of Service District Mame Contractor Owned O757 District Mame Contractor Cowned O757 District Mame Contractor District Mame Contractor Cowned O757 District Mame Contractor District Mame Contractor District Mame Contractor Treasure State Transit Cortracted rate per mile Cortracted rate per mile Cortracted rate per mile Legal Entity 0487 Legal Entity 0487 Legal Entity 0487 Legal Entity 0488 Use District Mame Contracted rate per mile Legal Entity 0487 Legal Entity 0488 Use District Mame Contracted Capacity reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity 0487 % 92.22 % 7.78 % % %  PASSENCER INFORMATION  ELEMENTARY RIDERS (Grades PK.8) (Grades 96.12) ELIGIBLE RIDERS Intition of the Contracted Capacity Mamelion of Preschool/Kindergarten pupils Uniform Strong Contracted Capacity Mamelion of Capacity Capa							
County Name    County Number   County Number   District Name   Legal Entity Number							\$1.80
Levis & Clark  Route # Length of Route (miles per day)  Type of Service   Til Bus Route Mileage   Rated Capacity   Rated Capa						1	
Route #   Length of Route (miles per day)   Sype of Service   Bus Route Mileage   Rated Capacity	County Name		County Number	District	Name		Legal Entity Number
Sus Route Mileage   84						***	
21   32.2   Bus Route Mileage   84	Route #	Length of Route	(miles per day)	Type of			Rated Capacity
Reimbursement Distribution-Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity O487  Legal Entity O488  Legal Entity U487  Legal Entity U488  Repulse (Grades PK-8)  Repulse (Repulse Repulse Re				Bus R			
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must march budget!  Legal Entity	Vehicle I.D. #	License #					
Legal Entity 0488  Legal Entity 0488  We g2.22  We 7.78  We grades PK-8)  ELEMENTARY RIDERS (Grades PK-8)  (Grades PK-8)  (Grades PK-9)  ELIGIBLE RIDERS (Grades PK-8)  Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten PK-8)  Regular (include eligible Preschool/Kindergarten PK-8)  Regular (include eligible Preschool/Kindergarten PK-8)  Regular (include eligible PK-8)  Regular (include insiglible PK-8)  Regular (include include PK-8)  Regular	0757	4230			•		
Legal Entity 0488  We 92.22  We 7.78  We 92.22  HIGH SCHOOL RIDERS TOTAL SIGNED Freschool/Kindergarten pupils (Grades PK-8)  Kinding this route  Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8)  NUMBER  Regular (include eligible Preschool/Kindergarten pupils  Regular (include eligible Preschool/Kindergarten pupils  NUMBER  NUMBER  NUMBER  NUMBER  NUMBER  Regular (include eligible)  Total Eligible Ribers  Regular (include eligible)  Total Eligible Ribers  Non-WG IEP Lisis Trans as Related Service  TOTAL ELIGIBLE Ribers  Regular (include include)  Regular (include)	Reimbursement Distribution- Er	nter the legal entity				paid to each dis	trict. Note: Percentages
PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades PS-12) ELIGIBLE RIDERS (Iding this route  By High School Riders (Ideas PS-12) ELIGIBLE RIDERS (Iding this route Interest (Iding this route Iding this route Interest (Iding this route Iding this route Id	Legal Entity	Legal Enti				Legal Entit	у
PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten number of Preschool/Kindergarten numbe	0487	(	)488				
PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten number of Preschool/Kindergarten numbe	9/- 02.22	0/. 7	79	0/_		0/_	
Number of Preschool/Kindergarten pupils  (Grades PK-8)  (Grades PK-8)  (Grades PH-8)  (All PH-9)  (Grades PH-8)  (Grades PH-8)  (Grades PH-8)		70 1	.70	/0		/0	
Regular (include eligible Preschool/Kindergarten (inders)  Tst Wheelchair (WC)  2nd Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Additional Wheelchairs (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation area assigned and approved by the County Transportation or this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, than a superintendent area assigned and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solidist students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendents copy of this document.  We understand from the changes occurring during the school year require the filing of an amended TR-1 form and approval of the Co	Number of Preschool/Kindergar	ten nunils		ERS			-
Regular (include eligible Preschool/Kindergarten riders)  Ist Wheelchair (WC)  Additional Wheelchairs (WC)  Additional Wheelchairs (WC)  Additional Wheelchairs (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (neligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a velicie which meest the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to from other transportation area assigned and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from outside the distinct, a copy of the whiteholds and that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for the soroil. We agree that if this route crosses district lines and transports students from outside the distinct, a copy of the agreement between Boards, 20-10-12(2) MCA, signed by the soroil barries of the supervision of the supervision of the county Transportation Committee in accordance with 20-10-132, MCA.  This Application for Registration of		Terr papils	(Grades i R-o)		(Grades 5-	12)	ELIGIBLE RIBERO
Regular (include eligible Preschool/Kindergarten riders)  Ist Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles of N nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent to make such reports to the Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 10-10-3, MCA.  We also agree to refrain from soliciting or causing others to solicit students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand that violations of the laws, rules or required in accordance with 20-10-132, MCA.  This Application for Registration of Schoo		<u> </u>	a		b		С
Inderso  Additional Wheelchair (WC)  Additional Wheelchair (WC)  Additional Wheelchair (WC)  Anon-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR norresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent sch reports to the State Superintendent and County Superintendent as are required; to provide a licensed, quieffed and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand frout echanges occurring during the school year require the fling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  This Application for Registration of School Bus and State reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees   County Tr	Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMBEF	?	a + b
Additional Wheelchairs (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  Total Transportation Committee Approval as required in accordance with Section 20-10-133, MCA.  This Application for Registration of School Bus and State Reimbursement has been revi	riders)						
Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (neligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the Slate Superintendent, to make such reports to the State Superintendent and County Superintendent are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103. MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transp	` ,						
Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus ransports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent and County Superintendent as are required, to provide a vicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent, to make such reports to the State Superintendent and County Superintendent and County Superintendent and county Superintendent, and to provide a viclemsed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from other transportation cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school bus and state reimbursement is true and complete to	, ,						
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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.	Signature - Chair, Board of Trustees	3				Date	
This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.	County 7	Fransportation C	ommittee Approval as	required in	accordance with Section	1 20-10-132, MC	SA.
	This Application for Registration	of School Bus ar	nd State Reimbursement				
			-			Date	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordate receives state reimbursement e	nce with Title	e 20, Chapter 10, Part	t 1, MCA. S	School dis	strict official	must complete o	one form for e	ach bus route that
Due Date			-	inty Supt		To OPI		Rate Per Mile
All Routes			Octobe			October 15		\$1.57
County Name		County Numb	er	District	Name			Legal Entity Number
Lewis & Clark		25		Helen	a Public S	Schools		0487 0488
Route #	Length of F	Route (miles per day)			Service [	Bus Route Mil		Rated Capacity
38	30.1			Bus R	oute Milea	□ Non Bus Milea aαe	age	72
Vehicle I.D. #	Licen	se#		District	Owned		Contractor (	
6088	761 <sup>-</sup>	1			ct - If so, Na cted rate per	me of Owner 7 r mile	reasure St	ate Transit
Reimbursement Distribution- En	nter the legal	entity number and pe	rcentage o			rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Lega	I Entity	mast mate	Legal E			Legal Entit	zy .
0487		0488						
% 80.00	%	20.00		%			%	
PASSENGER INFORMATION		ELEMENTAI	DV DIDED	c	Luc	GH SCHOOL RII	DEDC	TOTAL
Number of Preschool/Kindergal	rten pupils	(Grades		5	П	Grades 9-12)		ELIGIBLE RIDERS
riding this route								
		a NUM				b NUMBER		c a + b
Regular (include eligible Preschool/ riders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	I Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinder								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus w								
County Transportation Committee. We agree to supervision of this be	ous and bus ro	ute by the State Superinte	endent; to m	ake such r	eports to the S	State Superintende	ent and County	Superintendent as are
required; to provide a vehicle which Superintendent; and to provide a lic	ensed, qualifie	d and approved driver to	operate suc	h vehicle a	s required by		Highway Patrol	and the State
We also agree to refrain from sol We understand that violations of						nt cause for withho	olding of state a	nd county reimbursement for
this bus route.  We agree that if this route crosse						e agreement betwe	een Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts s We understand route changes of						nd approval of the	County Transpo	ortation Committee in
accordance with 20-10-132, MCA.  I certify that this application for								
bus operates on the route as ap Signature - Chair, Board of Trustees		nd within the transpor	tation servi	ce area a	ssigned by t	ne County Trans	Date Date	mmittee.
This Application for Registration	n of School B							
area assigned to it by the Coun Signature - Chair, County Transport							Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant	nce with Title	20 Chanter 10 Part 1	MCΔ	School dis	strict official mu	ist complete c	ne form for e	ach hus route that
receives state reimbursement ev								
Due Dates	<b></b>		To Co	unty Supt	т.	OPI		Rate Per Mile
All Routes			Octobe			ctober 15		\$1.57
				1			<u> </u>	
County Name		County Number		District	Name			Legal Entity Number
Lewis & Clark		25		Helen	a Public Sch	nools		0487 0488
Route #	Length of Ro	oute (miles per day)		Type of		Bus Route Mil	-	Rated Capacity
44	25.8			Rue D	۱ ت oute Mileag	Non Bus Milea	ige	72
Vehicle I.D. #	License	e #	-	☐ Dus IN			ontractor C	
4054	0445				ct - If so, Name	_		
4951	6115			□ Contra	cted rate per m	ile		
Reimbursement Distribution- En	ter the legal e					ment to be pa	aid to each dis	trict. Note: Percentages
Legal Entity	Legal E		ust mate	ch budget Legal E			Legal Entit	y
0487		0488			•		· ·	
% 77.42	%	22.58		%			%	
PASSENGER INFORMATION		ELEMENTARY	DIDED	9	нсн	SCHOOL RII	DEDS.	TOTAL
Number of Preschool/Kindergar	ten pupils	(Grades Pl		.0	_	(Grades 9-12)		ELIGIBLE RIDERS
riding this route								
		а				b		С
Regular (include eligible Preschool/k	Cindergarten	NUMBE	R			NUMBER		a + b
riders)	undorganton							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., i miles OR nonresident and no attendation)								
agreement) (Include ineligible Preschool/Kinderg	arten riders)							
Nonpublic School Riders (ineligible)	arton nacroj							
TOTAL RIDERS								
We hereby certify that this bus will County Transportation Committee.								
We agree to supervision of this be required; to provide a vehicle which	us and bus route	by the State Superintend	lent; to m	ake such r	eports to the Stat	e Superintende	nt and County S	Superintendent as are
Superintendent; and to provide a lice	ensed, qualified	and approved driver to ope	erate suc	h vehicle a	s required by 20-		ngilway Fallol a	and the State
We also agree to refrain from soli We understand that violations of the solution of the solut						cause for withho	olding of state a	nd county reimbursement for
this bus route.  We agree that if this route crosse	s district lines ar	nd transports students from	n outside	the district	a conv of the a	areement hetwe	en Boards 20-	10-126(2) MCA_signed by
the school boards of both districts sh	all be attached	to the county superintende	ent's copy	y of this doo	cument.			, , , , ,
We understand route changes oc accordance with 20-10-132, MCA.	curring during tr	ie school year require the	ming of a	an amended	ı ıK-ı ıorm and	approval of the	County Transpo	ortation Committee in
I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees	, ,	within the transportati	JII 3CIV	ioc aica d	ooigiicu by lile	Journey Halls	Date	minuco.
		n Committee Approva						
This Application for Registration area assigned to it by the Count			ment ha	as been re	viewed and I c	ertify that this	bus operates	within the transportation
Signature - Chair, County Transporta							Date	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Due Date:    Due Date:   To County Number	This form is required in accorda							one form for e	ach bus route that
County Name  District Name  Levis & Clark  District Name  Countractor Owned  Contractor Owned  Contractor I so, Name of Owner Treasures State Transit  Contract - If so, Name of Owner Treasures State Transit  Contractor I so, Name of Owner Treasures State Transit  Contractor I so, Name of Owner Treasures State Transit  Logal Entity  Deal En		-	апърс	•					Rate Per Mile
Lewis & Clark						t			\$0.95
Route #   Length of Route (miles per day)   Type of Service   Bus Route Mileage   Solution   Route (miles per day)   Solution   So	County Name			County Number	District	Name			Legal Entity Number
Section   Sect	Lewis & Clark			25	Heler	na Public	Schools		0487 0488
Sust Route Mileage   30	Route #	Length of F	Route	(miles per day)	Туре с	f Service			Rated Capacity
Vertice I.D. #   Cleanse #   District Owned   Contract Owned   2553	58	29.9			· · · · · · · · · · · · · · · · · · ·				
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity	Vehicle I.D. #	Licens	se#		□ Distric	t Owned	(		
Legal Entity 0488  Legal Entity 0488  We 42.00  We 58.00  We 58.00  We 58.00  We 58.00  We 67.00  Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten pupils PK-8)  Regular (include eligible Pk-8)  Regular (include	2273	2553	3					Freasure St	ate Transit
Legal Entity 0487  % 42.00  **Sessers INFORMATION  Number of Preschool/Kindergarten pupils Iding this route  **Begular (include eligible Preschool/Kindergarten pupils Iding this route  **TOTAL ELIGIBLE RIDERS  **Begular (include include pupils Iding this route  **TOTAL ELIGIBLE RIDERS  **Begular (include include pupils Iding this route  **Begular (include include pupils Iding this route)  **Begular (include include pupils) Iding this route)  **Begular (include	Reimbursement Distribution- Er	iter the legal	entity				oursement to be pa	aid to each dis	strict. Note: Percentages
PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades Pk-8) (Grades Pk-8) (Grades Pk-12) ELIGIBLE RIDERS (FROME	Legal Entity	Legal		У				Legal Entit	ty
PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades PK-12) ELIGIBLE RIDERS (Grades PK-12) ELIGIBLE RIDERS (Grades PK-12) ELIGIBLE RIDERS (Grades PK-12) INTO ALIGIBLE RIDERS (Grades PK-12) ELIGIBLE RIDERS (Grades PK-12) INTO ALIGIBLE RIDERS (GRADES (FK-12) INTO ALIGIB	0487		04	488					
PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades PK-12) ELIGIBLE RIDERS (Grades PK-12) ELIGIBLE RIDERS (Grades PK-12) ELIGIBLE RIDERS (Grades PK-12) INTO ALIGIBLE RIDERS (Grades PK-12) ELIGIBLE RIDERS (Grades PK-12) INTO ALIGIBLE RIDERS (GRADES (FK-12) INTO ALIGIB	9/ 42.00	0/	<b>5</b> 0	00	0/			0/	
Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PH-2) ELIGIBLE RIDERS (Grades PK-8) (Grades PK-8) (Grades PH-2) ELIGIBLE RIDERS (Grades PK-8) (Grades	_	70	56.	.00	70			70	
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	This Application for Registration	of School B	us and	d State Reimbursement					
								Date	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev	nce with Title	e 20, Chapter 10, Part	1, MCA. S	School dis	strict official	must complete o	one form for e	ach bus route that
Due Dates			-	inty Supt		To OPI		Rate Per Mile
All Routes	) <b>.</b>		Octobe		·	October 15		\$1.80
County Name		County Number	er	District	Name			Legal Entity Number
Lewis & Clark		25		Helen	a Public S	Schools		0487 0488
Route #	Length of F	Route (miles per day)			Service	☐ Bus Route Mil		Rated Capacity
21 A	48.4			Bus R	oute Mile	∃ Non Bus Milea age	age	84
Vehicle I.D. #	Licen	se #		District			Contractor (	
0757	4230	)			ct - If so, Na cted rate pe	me of Owner 7	reasure St	ate Transit
Reimbursement Distribution- En	ter the legal		rcentage o			rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Lega	I Entity	must mate	Legal E			Legal Entit	.y
0487		0488						
% 92.22	%	7.78		%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergart	en pupils	ELEMENTAF (Grades		S	HIC	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route		,	,			,		
		а				b		C .
Regular (include eligible Preschool/K	Lindergarten	NUME	BER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda								
agreement) (Include ineligible Preschool/Kinderg								
Nonpublic School Riders (ineligible)	arteri fiders)							
TOTAL RIDERS								
We hereby certify that this bus wil	Longrate entir	roly on the route establish	and by the B	oard of Tru	etoos and wit	hin the transportat	ion area assign	and approved by the
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this but required; to provide a vehicle which re	Ve further cer us and bus rou neets the min	tify that this bus transport to the State Superinte imum standards as estab	s pupils eligendent; to melished by the	ible for sch ake such re e Board of	nool transporta eports to the S Public Educat	ation as defined by State Superintende tion, the Montana I	20-10-101, MC ent and County	A. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of t	citing or causi	ng others to solicit studen	nts from othe	er transport	tation areas.		olding of state a	nd county reimbursement for
this bus route.  We agree that if this route crosses				•			· ·	•
the school boards of both districts sh We understand route changes oc accordance with 20-10-132, MCA.	all be attache	d to the county superinter	ndent's copy	of this doo	cument.	_		
I certify that this application for rebus operates on the route as ap								
Signature - Chair, Board of Trustees	,	The desire of the second of th	301 41	u			Date	
County T This Application for Registration area assigned to it by the Count	of School B							
Signature - Chair, County Transporta							Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ex									
<b>Due Dates</b> All Routes			To Co Octol	ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.80		
County Name		County Nu	mber	District	Name		Legal Entity Number		
Lewis & Clark		25		Helen	a Public Schools		0487 0488		
Route #	Length of R	oute (miles per da	ay)	Type of	Service   Bus Route M  Non Bus Mile	•	Rated Capacity		
14 A	48.8			Bus Route Mileage 84					
Vehicle I.D. #	Licens	e#		□ District		Contractor C			
9070	4225				ct - If so, Name of Owner cted rate per mile	Treasure St	ate Transit		
Reimbursement Distribution- En	ter the legal e	entity number and		of state/co		oaid to each dis	trict. Note: Percentages		
Legal Entity 0487	Legal	Entity 0488	mustme	Legal E		Legal Entit	у		
0407		0400		_					
% 35.94	%	64.06		%		%			
PASSENGER INFORMATION		EI EMENI	TARY RIDE	DC	HIGH SCHOOL R	IDEBS	TOTAL		
Number of Preschool/Kindergard riding this route		des PK-8)	KS	(Grades 9-12		ELIGIBLE RIDERS			
		NII	а		b NUMBER		c a + b		
Regular (include eligible Preschool/Kindergarten					NOWIDER		a + D		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., to miles OR nonresident and no attendated agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees									
This Application for Registration area assigned to it by the Count	of School Bu y Transportat	s and State Reim ion Committee.			accordance with Section viewed and I certify that this				
Signature - Chair, County Transporta	ation Committee	9				Date			



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement of							ne form for e	ach bus route that
Due Date			•	inty Supt		To OPI		Rate Per Mile
All Routes	3		Octobe			October 15		\$1.80
County Name		County Number	er	District	Name			Legal Entity Number
Lewis & Clark		25		Helen	a Public S	Schools		0487 0488
Route #	Length of F	Route (miles per day)		Type of		□ Bus Route Mile	-	Rated Capacity
18 A	49.8			Bus R	oute Mile	□ Non Bus Milea eage	ge	84
Vehicle I.D. #	Licens	se#		District	Owned	C	ontractor (	
1891	9456	5			ct - If so, Na cted rate pe	ame of Owner Termile	reasure S	tate Transit
Reimbursement Distribution- E	nter the legal	entity number and pe	rcentage o must mate			irsement to be pa	id to each di	strict. Note: Percentages
Legal Entity	Legal	l Entity		Legal E			Legal Enti	ty
0488								
% 100.00	%			%			%	
PASSENGER INFORMATION		FLEMENTAL	DV DIDED	0	1 11	CIL CCHOOL DIE	DEDC.	TOTAL
Number of Preschool/Kinderga	rten pupils	ELEMENTAR (Grades		5	HI	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route								
		a				b		C
Regular (include eligible Preschool/	Kindergarten	NUMI	BEK			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)								
(Include ineligible Preschool/Kinder								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this to required; to provide a vehicle which Superintendent; and to provide a lice we also agree to refrain from so the wealso agree to refrain from so the understand that violations of this bus route. We agree that if this route crosses the school boards of both districts we understand route changes of accordance with 20-10-132, MCA.	We further cert bus and bus rou meets the mini ensed, qualified liciting or causing the laws, rules es district lines hall be attached	tify that this bus transport ute by the State Superinte imum standards as establed and approved driver to ng others to solicit studer or regulations governing and transports students to d to the county superinter	es pupils elig endent; to m blished by the operate suc nts from othe school tran- from outside ndent's copy	pible for sch ake such re e Board of th vehicle a er transport sportation the district of this doo	nool transportate ports to the seports to the Public Educates required by tation areas. will be sufficient, a copy of the cument.	ation as defined by State Superintende tion, the Montana F 20-10-103, MCA. ent cause for withhouse agreement between	20-10-101, MC nt and County lighway Patrol llding of state a en Boards, 20-	SA. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for bus operates on the route as a								
Signature - Chair, Board of Trustee		•					Date	
County This Application for Registration area assigned to it by the County	n of School B							
Signature - Chair, County Transport							Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev							
<b>Due Dates</b> All Routes	:		To Count October		<b>To OPI</b> October 15		Rate Per Mile \$0.95
County Name		County Number	1	District	Name		Legal Entity Number
Lewis & Clark		25			a Public Schools		0487 0488
Route #	Length of Ro	ute (miles per day)		Type of	Service   Bus Route Mi  Non Bus Mile	•	Rated Capacity
55	50.2	"			oute Mileage	ŭ	30
Vehicle I.D. # 0387	License 9402	: #		Contra	Owned Ct - If so, Name of Owner Cted rate per mile	Contractor C Freasure St	
Reimbursement Distribution- Ent	ter the legal er			state/co	unty reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity 0487	Legal E		Legal E		Legal Entit	у	
% 97.33	%	2.67		%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergart riding this route	en pupils	ELEMENTARY F (Grades PK			HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
		a NUMBEF	<b>.</b>		b NUMBER		c a+b
Regular (include eligible Preschool/K riders)	NONBLI	`		NOMBER		a · b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg; Nonpublic School Riders (ineligible)	ance						
TOTAL RIDERS							
TOTAL RIDLERS							
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this bu required; to provide a vehicle which in Superintendent; and to provide a lice. We also agree to refrain from solid We understand that violations of this bus route.  We agree that if this route crosses the school boards of both districts show understand route changes occurred accordance with 20-10-132, MCA.	We further certify is and bus route neets the minimmensed, qualified a citing or causing the laws, rules or a district lines an all be attached to curring during the	that this bus transports put by the State Superintende um standards as established and approved driver to open others to solicit students for regulations governing schald transports students from the county superintender e school year require the fi	upils eligiblent; to maked by the Erate such vorom other the color transport outside the color and of an area.	le for sch se such re Board of vehicle as transport fortation vertice of this documented	ool transportation as defined by sports to the State Superintende Public Education, the Montana s required by 20-10-103, MCA. ation areas. will be sufficient cause for withhouse a copy of the agreement betwoment.	20-10-101, MC, ent and County S Highway Patrol a olding of state an een Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for rebus operates on the route as app							
Signature - Chair, Board of Trustees					<u> </u>	Date	
County T This Application for Registration area assigned to it by the County	of School Bus	and State Reimbursen			accordance with Section 2 viewed and I certify that this		
Signature - Chair, County Transporta						Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev							
<b>Due Dates</b> All Routes	:		County Supt tober 1	t To OPI October 15		Rate Per Mile \$1.80	
County Name		County Number	District	Name		Legal Entity Number	
Lewis & Clark		25		a Public Schools		0487 0488	
Route #	Length of Ro	ute (miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	•	Rated Capacity	
18	47.8		Bus Route Mileage 84				
Vehicle I.D. #	License 9456	#		ct - If so, Name of Owner	Contractor C Freasure St		
Reimbursement Distribution- En		ntity number and percentage		cted rate per mile	aid to each dis	trict_Note: Percentages	
	Legal E	must r	match budget Legal E	!	Legal Entit		
Legal Entity 0488	Legal Ellill	y					
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEMENTA DV DID	-		DEDO	TOTAL	
Number of Preschool/Kindergart riding this route	en pupils	ELEMENTARY RIC (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a		р		C	
Regular (include eligible Preschool/K	Lindergarten	NUMBER		NUMBER		a + b	
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for rebus operates on the route as application.							
Signature - Chair, Board of Trustees		<u> </u>			Date		
County T This Application for Registration area assigned to it by the County	of School Bus	and State Reimbursemen		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta					Date		



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant	nce with Title 20	Chapter 10 Part 1 MCA	School di	strict official must complete	one form for e	ach bus route that	
receives state reimbursement ev						Rate Per Mile	
<b>Due Dates</b> All Routes	<b>:</b> :		County Supt ober 1	t To OPI October 15		\$1.80	
County Name		County Number	District	Name		Legal Entity Number	
Lewis & Clark		25	Helen	a Public Schools		0487 0488	
Route #					Mileage	Rated Capacity	
36	46.8		Bus R	□ Non Bus Mil Loute Mileage		84	
Vehicle I.D. #	License #	<u> </u>		Owned ct - If so, Name of Owner	Contractor (		
6997	3756			ct - if so, Name of Owner cted rate per mile	Treasure S	iale Transil	
Reimbursement Distribution- En	ter the legal ent		e of state/co		paid to each dis	strict. Note: Percentages	
Legal Entity 0487	Legal En		Legal E		Legal Enti	ty	
% 76.35		23.65	%		<u></u> %		
PASSENGER INFORMATION	/0 2	23.03	70		/0	•	
Number of Preschool/Kindergart	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/K riders)	(indergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement)							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)						
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this but required; to provide a vehicle which resuperintendent; and to provide a lice. We also agree to refrain from soliti	We further certify the substant of the substant of the minimurensed, qualified an citing or causing o	nat this bus transports pupils y the State Superintendent; to n standards as established by d approved driver to operate thers to solicit students from o	eligible for schoon make such rought the Board of such vehicle a other transpor	nool transportation as defined leports to the State Superinten Public Education, the Montans required by 20-10-103, MCA tation areas.	by 20-10-101, MC dent and County a Highway Patrol A.	A. Superintendent as are and the State	
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed be the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees					Date		
This Application for Registration	of School Bus a	and State Reimbursement		accordance with Section eviewed and I certify that the			
area assigned to it by the Count Signature - Chair, County Transporta		Committee.			Date	_	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

PASSENGER INFORMATION  Legal Entity  Mumber of Preschool/Kindergarten pupils  Grades PK.8)  Legal Entity  Mumber of Preschool/Kindergarten pupils  Grades PK.8)  ELEMENTARY RIDERS  NUMBER  Regular (riculate eligible Preschool/Kindergarten in the ricule established by the Board of Trustees and within the transportation area assigned and approved by the Repair of Public School Riders (redigibles)  We hereby orefly that this bas will poparate entirely on the route established by the Board of Public Education in Montan and approved by the Board of Public Education in Montan and approved by the Board of Public Education in Montan and approved by the Board of Public Education in Montan and prevention of Public Education in Montan and approved by the Board of Public Education in Montan and prevention are assigned and approved by the Board of Public Education in Montan and prevention in the source of Public Education in Montan and prevention of Public Education in Montan and prevention are assigned and approved by the Board of Public Education in Montan and prevention are assigned and approved by the Board of Public Education in Montan and prevention are assigned and approved by the Board of Public Education in Montan and prevention are defined by 23-10-10 Montan and prevention are assigned and approved by the board of Public Education in Montan a Rightway Patrol and the State Supprevention are assigned and county reimbursement for the above the source of Public Education in Montan a Rightway Patrol and the State Supprevention and provided a licency of the source of Public Education in Montan a Rightway Patrol and the State Supprevention and provided a licency of the source of Public Education in Montan a Rightway Patrol and the State Supprevention and provided a licency of the source of Public Education in	This form is required in accordance receives state reimbursement ex	nce with Tit	e 20, Chap	eter 10, Part 1, MCA.	School di	strict official mus	t complete or	ne form for e	ach bus route that
County Name    County Number   District Name   Legal Entity Number   Lewis & Clark   S2.8   District Name   Legal Entity Number   Helena Public Schools   O487 0488   Route # Length of Route (miles per day)   Type of Service   District Name   Rated Capacity   S2.8   District Owned   S2.8   District Owned   S2.8   District Owned   Contractor Owned   Contr		_							Rate Per Mile
Lewis & Clark  Route #  Route #  Length of Route (miles per day)  14  52.8  Bus Route Mileage Bus Rout		) <b>.</b>							\$1.80
Rated Capacity   Sale   Sus Route Mileage   Rated Capacity   Sale   Sus Route Mileage   Rated Capacity   Sale   Sus Route Mileage   Sus Route Mi	County Name		Co	County Number District Name					Legal Entity Number
Rated Capacity   Sale   Sus Route Mileage   Bus Route Mileage   District Owned   District Owned   District Owned   District Owned   District Owned   Contract of the Route Mileage   Route Milea	Lewis & Clark		25	5	Helena Public Schools				0487 0488
14   S2.8   Bus Route Mileage   84		Length of				Service 🗆 Bu	us Route Mile		
Vehicle I.D. #   License #	14	52.8			Bus R			ge	84
Reimbursement Distribution- Enter the legal entity number and percentages must match budget!  Legal Entity 0488	Vehicle I.D. #	Licer	nse#		•			ontractor (	Dwned
Legal Entity 0487 Legal Entity 0488 Legal Entity 0488  % 35.94 % 64.06 % %  **  **  **  **  **  **  **  **  **	9070	422	5			,		reasure St	ate Transit
Legal Entity 0487  We 35,94  Med 4.06  PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8)  Regular (inc	Reimbursement Distribution- En	ter the lega	l entity num				nent to be pai	id to each dis	strict. Note: Percentages
PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8)  BELMENTARY RIDERS (Grades 9-12)  BELMENTARY RIDERS (Gr		Lega		must ma				Legal Entit	у
PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades PK-8)  Regular (include eligible Preschool/Kindergarten riders)  Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Philic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation area assigned and approved by the County Transportation area assigned and approved by the County Transportation and bus route by the State Superintendent as are with proposed as a public school region of the laws, rules or regulations governing school transportation area (particularly to the State Superintendent and County Superintendent as are subspentite or the average of the laws, rules or regulations governing school transportation area.  We understand that violations of the laws, rules or regulations governing school transportation area (particularly the school boards of both districts shall be attached to the county superintendent's copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school board of the share, vulse or require the filling of an amended ET-11 form and approval of the County Transportation Co	0487		0488						
PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades PK-8)  Regular (include eligible Preschool/Kindergarten riders)  Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Philic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation area assigned and approved by the County Transportation area assigned and approved by the County Transportation and bus route by the State Superintendent as are with proposed as a public school region of the laws, rules or regulations governing school transportation area (particularly to the State Superintendent and County Superintendent as are subspentite or the average of the laws, rules or regulations governing school transportation area.  We understand that violations of the laws, rules or regulations governing school transportation area (particularly the school boards of both districts shall be attached to the county superintendent's copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school board of the share, vulse or require the filling of an amended ET-11 form and approval of the County Transportation Co	% 35.94	9/	64.06		%			%	
Number of Preschool/Kindergarten pupils riding this route	_	,							
Regular (include eligible Preschool/Kindergarten inders)  Additional Wheelchair (WC)  2nd Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance inders)  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance inders)  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance inders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent, and other of a lensesed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas are required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas are required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas are required to the later of the later, such so required the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-102, MCA.	Number of Preschool/Kindergart	en pupils	E		RS			ERS	_
NUMBER NUMBER A + b  Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation are assigned and approved by the County Transportation from soliciting or causing others to solicit students from other transportation, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation. He Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation will be sufficient cause for withholding of state and county reinbursement for this bus route.  We agree to that if this route crosses district lines and transports students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reinbursement				(======================================		(	,		
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bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date	accordance with 20-10-132, MCA.						·	, ,	
County Transportation Committee Approval as required in accordance with Section 20-10-132. MCA	Signature - Chair, Board of Trustees							Date	
	County T	ransportat	ion Comm	ittee Approval as r	equired in	accordance wit	th Section 20	)-10-132. MC	<b>CA</b> .
This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.	This Application for Registration	of School E	Bus and Sta	ate Reimbursement I					
Signature - Chair, County Transportation Committee  Date								Date	



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for e	ach bus route that	
<b>Due Dates</b> All Routes				county Sup	To OPI October 15		Rate Per Mile \$1.80	
County Name			County Number	District	Name		Legal Entity Number	
Lewis & Clark			25	Helen	a Public Schools		0487 0488	
Route #	Length	of Route (	(miles per day)	Type of	Service □ Bus Route Mi □ Non Bus Mile		Rated Capacity	
12 A 53.3				Bus R	Coute Mileage	age	88	
Vehicle I.D. # License #				□ District		Contractor (		
3856	42	221			ct - If so, Name of Owner cted rate per mile	reasure St	ate Transit	
Reimbursement Distribution- En	iter the le	egal entity		e of state/co		aid to each dis	strict. Note: Percentages	
Legal Entity 0487	Le	egal Entity		Legal E		Legal Entit	ty	
0407								
% 58.06		% 41.	94	%		%		
PASSENGER INFORMATION	_		ELEMENTA DV DIDE	-00	LUQUI QQUIQQI B	IDEDO	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils	s	ELEMENTARY RIDE (Grades PK-8)	:RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/h	 Kindergarte	en	NOWBER		NOMBER		аты	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance	rs)						
TOTAL RIDERS								
This Application for Registration	of School	ol Bus and	State Reimbursement		accordance with Section eviewed and I certify that this			
area assigned to it by the Count Signature - Chair, County Transporta			ommittee.			Date		



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement e	ven though tran	sportees of another legal e	ntity may uti	lize the servic	ces.	,	Data Dan Mila
<b>Due Dates</b> All Routes		To C Octo	ounty Supt ber 1		To OPI October 15		Rate Per Mile 61.57
County Name		County Number	District I	Name			Legal Entity Number
Lewis & Clark		25		a Public Sc			0487 0488
Route #	Length of Rou	te (miles per day)	Type of		Bus Route M	•	Rated Capacity
13	54.6		Bus R	oute Mileag	Non Bus Mile ge		71
Vehicle I.D. #	License	#	□ District			Contractor O	
1110	4228			ct - If so, Name cted rate per n		Treasure Sta	ate Transit
Reimbursement Distribution- Er	ter the legal en				ement to be p	aid to each dist	rict. Note: Percentages
Legal Entity	Legal Er		atch budget! Legal Er			Legal Entity	,
0488	-5-			,			
% 100.00	%		%			%	
PASSENGER INFORMATION	T	ELEMENTA DV. DIDE	DC I	LIICI	LCCHOOL D	IDEDC	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	KS		H SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
		a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/k	Kindergarten	Nomber			HOMBER		u · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)	,						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees						Date	
County This Application for Registration area assigned to it by the County Signature - Chair, County Transports	of School Bus y Transportation						
orginature - Orian, County Transport	audii dominillee					Date	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Ti	tle 20, 0	Chapter 10, Part 1, MCA	. School di	strict official r	nust complete o	one form for e	ach bus route that
Due Dates		т.сор		ounty Sup		To OPI		Rate Per Mile
All Routes				October 1 Octo				\$1.36
County Name			County Number District Na					Legal Entity Number
Lewis & Clark			25 Helena Public Schools			chools		0487 0488
Route #	Length of	Route	(miles per day)		Service	Bus Route Mil		Rated Capacity
29	54.7			Bus R	oute Milea	Non Bus Milea	age	66
Vehicle I.D. #	Lice	nse #		□ District		•	Contractor (	Owned
0959	C7:	35			ct - If so, Nar cted rate per	me of Owner T	Freasure St	ate Transit
Reimbursement Distribution- Er	iter the lega	al entity		of state/co		sement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Leg	al Entity	у	Legal E			Legal Enti	ty
0487		04	488					
% 83.21		% 16	.79	%			%	
PASSENGER INFORMATION								_
Number of Preschool/Kindergar	ten pupils		ELEMENTARY RIDE (Grades PK-8)	RS	HIG	H SCHOOL RI Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route			(11111111111111111111111111111111111111			(	,	
			а			b		С
Regular (include eligible Preschool/k	Kindergarten		NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderd								
Nonpublic School Riders (ineligible)	garteri riders							
TOTAL RIDERS								
We hereby certify that this bus wi	Il operate en	tirely on	the route established by the	Board of Tru	istees and with	in the transportat	ion area assign	ed and approved by the
County Transportation Committee. \( Ve agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice	We further cous and bus remets the m	ertify that oute by t inimum s	t this bus transports pupils e the State Superintendent; to standards as established by	ligible for sch make such r the Board of	nool transportat eports to the S Public Educati	ion as defined by tate Superintende on, the Montana I	20-10-101, MC ent and County	A. Superintendent as are
We also agree to refrain from sol We understand that violations of	iciting or cau	sing othe	ers to solicit students from o	ther transpor	tation areas.		olding of state a	nd county reimbursement for
this bus route.  We agree that if this route crosse	s district line	s and tra	ansports students from outsi	de the distric	t, a copy of the	agreement between	een Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts shad we understand route changes of accordance with 20-10-132, MCA.						d approval of the	County Transp	ortation Committee in
I certify that this application for rous operates on the route as ap								
Signature - Chair, Board of Trustees		WILL	are a anoportation de	4.04 0	- 2.g. 10 a by ti	Journey Hall	Date	
	_							
This Application for Registration area assigned to it by the Count	of School	Bus and						
Signature - Chair, County Transporta							Date	



Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

### Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt.

1 copy School District Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name Legal Entity Number County Number District Name Lewis & Clark Helena Public Schools 0487 0488 Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 37 54.7 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Treasure State Transit 4240 0759 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0487 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER NUMBER** a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

area assigned to it by the County Transportation Committee.	 •	,
Signature - Chair, County Transportation Committee	Date	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Titl	e 20, Chapter 10, Part	t 1, MCA. Sc	chool dist	trict official must compl	ete one form for e	ach bus route that
	_	transportees of anothe		-			Rate Per Mile
<b>Due Date</b> All Routes			To Count October 1		<b>To OPI</b> October 15	5	\$0.95
County Name		County Numb	er [	District N	Name		Legal Entity Number
Lewis & Clark		25		Helena	a Public Schools		0487 0488
Route #	Length of	Route (miles per day)	-	Type of S			Rated Capacity
50	55			Bus Ro	□ Non Bus l oute Mileage	villeage	19
Vehicle I.D. #	Licer	nse#		District (	Owned	Contractor	
2379	256	2			t - If so, Name of Owner ted rate per mile	er Treasure S	tate Transit
Reimbursement Distribution- Er	nter the lega	l entity number and pe	rcentage of s must match			oe paid to each di	strict. Note: Percentages
Legal Entity	Lega	al Entity		Legal En		Legal Enti	ty
0487							
% 100.00	%	,		%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergar	ten pupils	ELEMENTAI (Grades			HIGH SCHOO (Grades 9		TOTAL ELIGIBLE RIDERS
riding this route			,		(	,	
		а			b		С
Regular (include eligible Preschool/l	Kindergarten	NUM	BER		NUMBI	ER	a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend							
agreement) (Include ineligible Preschool/Kinderd							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus w	ill operate ent	irely on the route establish	had by the Roa	ard of True	stees and within the transr	ortation area assign	ed and approved by the
County Transportation Committee.  We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice	We further ce us and bus ro meets the mir	rtify that this bus transport oute by the State Superint nimum standards as estat	ts pupils eligible endent; to make olished by the E	le for scho ke such rep Board of P	pol transportation as define ports to the State Superin Public Education, the Mont	ed by 20-10-101, MC tendent and County ana Highway Patrol	CA. Superintendent as are
We also agree to refrain from sol We understand that violations of	iciting or caus	ing others to solicit stude	nts from other t	transporta	ation areas.		and county reimbursement for
this bus route.  We agree that if this route crosse	s district lines	and transports students	from outside th	ne district,	a copy of the agreement I	between Boards, 20	-10-126(2) MCA, signed by
the school boards of both districts shad we understand route changes of accordance with 20-10-132, MCA.						of the County Transp	ortation Committee in
I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees					5 22 2y 222 00mmy	Date	
						00.45.452.55	
This Application for Registration area assigned to it by the Country	of School E	Bus and State Reimbur			accordance with Sectiviewed and I certify that		
Signature - Chair, County Transport						Date	



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement ever					te one form for e	each bus route that
Due Dates: All Routes	3	•	ounty Supt			Rate Per Mile \$1.80
All Roules		Octor	Dei i	October 15		ψ1.00
County Name		County Number	District N	Name		Legal Entity Number
Lewis & Clark		25	Helena	a Public Schools		0487 0488
Route #	ength of Route	(miles per day)	Type of	Service ☐ Bus Route ☐ Non Bus M		Rated Capacity
12 5	56.8				lleage	88
Vehicle I.D. #	ehicle I.D. # License #				Contractor	
3856	4221		□ Contrac	ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- Enter	the legal entity		of state/cou		e paid to each di	strict. Note: Percentages
Legal Entity	Legal Entit	Ту	Legal En		Legal Enti	ty
0487	U	488				
% 58.06	% 41	.94	%		%	
PASSENGER INFORMATION		ELEMENTARY RIDE	RS	HIGH SCHOOL	RIDERS	TOTAL
Number of Preschool/Kindergarten riding this route	n pupils	(Grades PK-8)		(Grades 9-		ELIGIBLE RIDERS
		a NUMBER		b NUMBEI	R	c a + b
Regular (include eligible Preschool/Kind riders)	dergarten					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related Se	ervice					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., und miles OR nonresident and no attendance agreement)						
(Include ineligible Preschool/Kindergart Nonpublic School Riders (ineligible)	en riders)					
TOTAL RIDERS						
We hereby certify that this bus will o	norate entirely on	the route established by the	Poard of True	stops and within the transpo	rtation area assign	and and approved by the
We hereby certify that this bus will of County Transportation Committee. We We agree to supervision of this bus required; to provide a vehicle which me Superintendent; and to provide a licens We also agree to refrain from soliciti We understand that violations of the this bus route.  We agree that if this route crosses define the school boards of both districts shall We understand route changes occur accordance with 20-10-132, MCA.	further certify that and bus route by ets the minimum ed, qualified and ng or causing other laws, rules or registrict lines and trabe attached to the rring during the so	It this bus transports pupils el the State Superintendent; to standards as established by approved driver to operate si ers to solicit students from ot gulations governing school tra ansports students from outside e county superintendent's co chool year require the filing of	igible for scho make such re the Board of F uch vehicle as her transporta ansportation w de the district, py of this doct an amended	pol transportation as defined aports to the State Superinte Public Education, the Montal as required by 20-10-103, MC ation areas. will be sufficient cause for with a copy of the agreement becament.  TR-1 form and approval of the province to the sufficient cause.	I by 20-10-101, MC ndent and County na Highway Patrol A. thholding of state a etween Boards, 20 the County Transp	CA. Superintendent as are and the State and county reimbursement for -10-126(2) MCA, signed by ortation Committee in
I certify that this application for reg bus operates on the route as appro						
Signature - Chair, Board of Trustees					Date	
County Tra This Application for Registration of area assigned to it by the County T	School Bus an					
Signature - Chair, County Transportation	•				Date	



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement of the Due Date All Router	even tho		ortees of another legal o		ilize the service			ach bus route that Rate Per Mile \$1.80
County Name			County Number	District	Name			Legal Entity Number
Lewis & Clark 25			25	Helen	a Public Sch	nools		0487 0488
Route #	Lengt	th of Route	(miles per day)		Service   B	Bus Route Mile		Rated Capacity
30 57				Rue R	۱ ت oute Mileage!	lon Bus Milea	ge	84
Vehicle I.D. #	□ District			ontractor C	<u> </u>			
8858		4239		□ Contra	ct - If so, Name cted rate per m	of Owner Ti		
Reimbursement Distribution- E	nter the	legal entity				ment to be pai	d to each dis	strict. Note: Percentages
Legal Entity		Legal Entity		natch budget Legal E			Legal Entit	y
0487								
% 100.00		%		%			%	
PASSENGER INFORMATION			ELEMENTARY RID	EDC	LIICH	SCHOOL RID	EDC	TOTAL
Number of Preschool/Kinderga	ırten pup	oils	(Grades PK-8)	EKS		Grades 9-12)	EKS	TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool	/Kinderga	ırten	HOMBER			HOMBER		u v
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attenagreement)								
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible		ders)						
	)							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the
Signature - Chair, Board of Trustees  Date								
County This Application for Registratio area assigned to it by the Cour	n of Sch	ool Bus an						
Signature - Chair, County Transpor							Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev								
<b>Due Dates</b> All Routes	::			ounty Sup	t To OPI October 15		Rate Per Mile \$0.95	
County Name			County Number	District	Name		Legal Entity Number	
Lewis & Clark			25		na Public Schools		0487 0488	
Route # Length of Route (miles per day)			(miles per day)	Туре о	f Service   Bus Route M  Non Bus Mile	•	Rated Capacity	
53 57.8					Route Mileage	ŭ	24	
Vehicle I.D. # 4538	4250				t Owned  act - If so, Name of Owner  acted rate per mile	Contractor C Treasure St		
Reimbursement Distribution- En	ter the legal	entity		e of state/co		aid to each dis	trict. Note: Percentages	
Legal Entity 0487	Legal	Entity 04		Legal E		Legal Entit	у	
% 94.33	%	5.6	67	%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergart riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/K riders)	lindergarten		NOMBLIC		NOMBER		a · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg, Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
TOTAL RIBLRS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for rebus operates on the route as app								
Signature - Chair, Board of Trustees						Date		
County T This Application for Registration area assigned to it by the County	of School Bu	us and	State Reimbursement		accordance with Section eviewed and I certify that thi			
Signature - Chair, County Transporta						Date		



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e								D. A. D. A.
Due Dates	s:		To Co	ounty Supt		To OPI		Rate Per Mile
All Routes			Octob	er 1		October 15		\$1.36
County Name			County Number	District	District Name			Legal Entity Number
Lewis & Clark	wis & Clark 25			Helena	a Public	Schools		0487 0488
Route #	Length of	Route	(miles per day)	Type of	Service	□ Bus Route Mi		Rated Capacity
04	56.2			Bus R	oute Mile	□ Non Bus Mile eage	age	66
Vehicle I.D. #	Lice	nse #		□ District			Contractor (	Owned
6174	424	7			ct - If so, N cted rate p	lame of Owner er mile	Treasure St	ate Transit
Reimbursement Distribution- En	iter the lega	al entity		of state/co		ursement to be p	aid to each di	strict. Note: Percentages
Legal Entity	Leg	al Entit		Legal E			Legal Enti	ty
0487								
% 100.00	9	6		%			%	
PASSENGER INFORMATION								_
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDEI (Grades PK-8)	RS	Н	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			а			b		С
Regular (include eligible Preschool/k	Cindergarten		NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
, ,								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten riders)							
, ,								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees	·						Date	
County 1 This Application for Registration area assigned to it by the Count	of School	Bus an						
Signature - Chair, County Transporta	ation Commit	tee					Date	



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev							one form for e	ach bus route that
<b>Due Dates</b> All Routes	:		To Co Octob	ounty Supt per 1		<b>To OPI</b> October 15		Rate Per Mile \$1.80
County Name			County Number	District	Name			Legal Entity Number
Lewis & Clark			25	Helen	a Public S	chools		0487 0488
Route #	Length of Route (miles per day)				Service	Bus Route Mil	-	Rated Capacity
11 A	58.6			Bus R	oute Milea	Non Bus Milea	age	84
Vehicle I.D. #	Licer	ise#		□ District	Owned	C	Contractor (	
0762	422	3			ct - If so, Nar cted rate per	ne of Owner T mile	reasure St	ate Transit
Reimbursement Distribution- En	ter the lega	l entity		of state/co		sement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity 0487	Lega	al Entity		Legal E			Legal Enti	ty
0467		02	400					
% 62.93	%	5 37.	.07	%			%	
PASSENGER INFORMATION			ELEMENTARY RIDE	26	П ПС	H SCHOOL RII	DEDE	TOTAL
Number of Preschool/Kindergart riding this route	en pupils		(Grades PK-8)	NO.	ПС	(Grades 9-12)		ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/K riders)	indergarten		NOMBER			NOWIBER		a + b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg-Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
We hereby certify that this bus wil County Transportation Committee. V We agree to supervision of this but required; to provide a vehicle which r Superintendent; and to provide a lice. We also agree to refrain from solid We understand that violations of the this bus route.  We agree that if this route crosses the school boards of both districts show understand route changes occascordance with 20-10-132, MCA.  I certify that this application for refuse on the route as any	We further cels and bus romeets the mir nsed, qualifie citing or caus he laws, rules a district lines all be attached curring during egistration of	rtify that nute by the nimum seed and a seed and a sing others or reg seand traced to the gothers of	It this bus transports pupils el the State Superintendent; to state Superintendent; to supproved driver to operate supers to solicit students from ot ulations governing school transports students from outside county superintendent's cophool year require the filing of tool bus and state reimburs	igible for sch make such r the Board of the Board of the Holling the the transport insportation de the district oy of this do an amender	nool transportate ports to the S Public Education is required by 2 tation areas. will be sufficient, a copy of the cument. d TR-1 form an true and comp	ion as defined by tate Superintende on, the Montana Hoo-10-103, MCA. It cause for withhous agreement between dapproval of the olete to the best	20-10-101, MC ent and County Highway Patrol  bilding of state a een Boards, 20-  County Transp  t of my knowle	A. Superintendent as are and the State  Ind county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the
bus operates on the route as app Signature - Chair, Board of Trustees	proved by a	ınd witl	nin the transportation ser	vice area a	issigned by th	ne County Trans	sportation Co Date	mmittee.
County T This Application for Registration area assigned to it by the County	of School E	Bus and						
Signature - Chair, County Transporta	tion Committ	ee					Date	



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.								
<b>Due Dates</b> All Routes	::	·		ounty Sup ber 1	ot To OPI October 15		Rate Per Mile \$1.80	
County Name			County Number	Distric	t Name		Legal Entity Number	
Lewis & Clark			25	Heler	na Public Schools		0487 0488	
Route # Length of Route (miles per day)				Type o	of Service   Bus Route M  Non Bus Mile		Rated Capacity	
03 59.5				Bus F	Route Mileage	sage	84	
Vehicle I.D. # License #				□ Distric		Contractor (		
0754	421	7			act - If so, Name of Owner acted rate per mile	Treasure S	tate Transit	
Reimbursement Distribution- En	ter the lega	l entity		of state/coatch budge		oaid to each di	strict. Note: Percentages	
Legal Entity 0487	Lega	al Entity	1	Legal E		Legal Enti	ty	
0487 0488								
% 69.97 % 30.03				%		%		
PASSENGER INFORMATION				.DC	THOU COULD I	IDEDC	TOTAL	
Number of Preschool/Kindergart riding this route		ELEMENTARY RIDE (Grades PK-8)	:K3	HIGH SCHOOL R (Grades 9-1		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER	b NUMBER		
Regular (include eligible Preschool/Kindergarten			NOMBER		NOWBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda								
agreement) (Include ineligible Preschool/Kinderg	arten riders)							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees								
County T This Application for Registration					accordance with Section			
area assigned to it by the County	y Transport	ation C			one and rooting that the			
Signature - Chair, County Transporta		EE				Date		



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev								
<b>Due Dates</b> All Routes	:		o County Sup October 1	October 15		Rate Per Mile \$1.57		
County Name		County Number	Distric	t Name		Legal Entity Number		
Lewis & Clark		25		na Public Schools		0487 0488		
Route #	Route # Length of Route (miles per day)			of Service □ Bus Route M □ Non Bus Mile	•	Rated Capacity		
43 61.5				Route Mileage	J	78		
Vehicle I.D. # 7001	License A243	#	□ Contr	ct Owned act - If so, Name of Owner acted rate per mile	Contractor C Treasure St			
Reimbursement Distribution- Ent	er the legal er			ounty reimbursement to be p	paid to each dis	trict. Note: Percentages		
Legal Entity Legal Entity 0487 0488			Legal		Legal Entit	У		
% 50.00	50.00	%		%				
PASSENGER INFORMATION								
Number of Preschool/Kindergarteriding this route	en pupils	ELEMENTARY R (Grades PK-		HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER	ı	b NUMBER		c a + b		
Regular (include eligible Preschool/K riders)	NOWBER	•	HOMBER		u · b			
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	ince							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee.  We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees								
This Application for Registration area assigned to it by the County	of School Bus  / Transportation	and State Reimbursem		n accordance with Section reviewed and I certify that thi	s bus operates			
Signature - Chair, County Transporta	tion Committee				Date			



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						nplete one form for e	ach bus route that	
receives state reimbursement e	ven thoug	ii iiaiispi	ŭ				Rate Per Mile	
Due Date: All Routes				ounty Sup	t To OPI October	r 15	\$1.80	
All Noules	•		Ocio	bbei i	October	13	φ1.00	
County Name			County Number	District	Name		Legal Entity Number	
Lewis & Clark	Lewis & Clark 25			Helen	a Public Schools		0487 0488	
Route #	Length o	of Route	(miles per day)	Type of	f Service 🗆 Bus Ro		Rated Capacity	
41	34.1			Rus F	□ Non Bi Route Mileage	us Mileage	84	
Vehicle I.D. #		ense #		□ District		Contractor		
0755	42	243			ct - If so, Name of Ov			
					cted rate per mile			
Reimbursement Distribution- Er	nter the leg	gal entity		e of state/co atch budge		to be paid to each di	strict. Note: Percentages	
Legal Entity	Le	gal Entity	1	Legal E		Legal Enti	ty	
0487		04	188					
% 74.98		% 25.	02	%		%		
PASSENGER INFORMATION	_	% Z5.	02	70		70		
			ELEMENTARY RIDE	ERS		OOL RIDERS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)		(Grade	es 9-12)	ELIGIBLE RIDERS	
						L		
a NUMBEI						b ∕IBER	c a + b	
Regular (include eligible Preschool/liriders)	Kindergarte	n						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinderg	garten riders	s)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
Ma handa andifudhad dhia baasa	:11		4b	- D T				
We hereby certify that this bus w County Transportation Committee.	We further	certify that	this bus transports pupils of	eligible for sch	nool transportation as de	fined by 20-10-101, MC	CA.	
We agree to supervision of this b required; to provide a vehicle which								
Superintendent; and to provide a lice We also agree to refrain from sol						3, MCA.		
We understand that violations of this bus route.	the laws, ru	ıles or regi	ulations governing school to	ransportation	will be sufficient cause f	or withholding of state a	and county reimbursement for	
We agree that if this route crosse the school boards of both districts sl						ent between Boards, 20	-10-126(2) MCA, signed by	
We understand route changes or						al of the County Transp	ortation Committee in	
accordance with 20-10-132, MCA.  I certify that this application for								
bus operates on the route as ap Signature - Chair, Board of Trustees	. ,	and with	nin the transportation se	rvice area a	ssigned by the Coun	ty Transportation Co	mmittee.	
Signature - Orian, board of Trustees								
County	Transport	ation Co	mmittee Approval as	required in	accordance with Se	ection 20-10-132, M	CA.	
This Application for Registration	of Schoo	I Bus and	d State Reimbursement					
area assigned to it by the Coun Signature - Chair, County Transport			ommuce.			Date		
•								



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev								
<b>Due Dates</b> All Routes	:		County Supretober 1	To OPI October 15		Rate Per Mile \$0.95		
County Name		County Number	District	Name		Legal Entity Number		
Lewis & Clark		25		a Public Schools		0487 0488		
Route #	Route # Length of Route (miles per day)			F Service ☐ Bus Route Mi☐ Non Bus Mile	•	Rated Capacity		
52				toute Mileage	ŭ	30		
Vehicle I.D. # 0314	License	<del>#</del>		: Owned Ct - If so, Name of Owner cted rate per mile	Contractor C Treasure St			
Reimbursement Distribution- Ent	ter the legal en		ige of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages		
Legal Entity Legal Entity 0488			match budget Legal E		Legal Entit	У		
% 85.14	%	14.86	%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergarteriding this route	en pupils	ELEMENTARY RII (Grades PK-8		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/K riders)	indergarten	NOMBER		NOMBER		a i b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
TOTAL RIDERS								
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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees	·				Date			
County To This Application for Registration area assigned to it by the County	of School Bus	and State Reimbursemen		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta					Date			



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ev		,			•			
<b>Due Dates</b> All Routes	:			ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$0.95	
County Name			County Number	District	Name		Legal Entity Number	
Lewis & Clark				Heler	a Public Schools		0487 0488	
Route #					f Service ☐ Bus Route Mi ☐ Non Bus Mile	_	Rated Capacity	
56	72.6				Route Mileage		30	
Vehicle I.D. #	Licer	nse#		□ Distric		Contractor C		
2271	255	2			ct - If so, Name of Owner cted rate per mile	Treasure St	ate Transit	
Reimbursement Distribution- Ent	ter the lega	l entity		e of state/co		aid to each dis	strict. Note: Percentages	
Legal Entity Under the second of the second			У	Legal E		Legal Entit	у	
% 52.00 % 48.00				%		%		
PASSENGER INFORMATION							_	
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			а		р		С	
Regular (include eligible Preschool/Ki	indergarten		NUMBER		NUMBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ance							
Nonpublic School Riders (ineligible)	arteri rideraj							
TOTAL RIDERS								
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Signature - Chair, Board of Trustees  Date  Date								
County Tourist This Application for Registration					accordance with Section 2			
area assigned to it by the County Signature - Chair, County Transporta	y Transport	tation C			und tootaly that the	Date		
Oignature - Chair, County Hansporta	uon commil	iee				Date		



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for e	ach bus route that	
<b>Due Dates</b> All Routes		·		ounty Sup	To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Lewis & Clark			25		a Public Schools		0487 0488	
Route #	tte # Length of Route (miles per day)			Type of	f Service □ Bus Route M □ Non Bus Mile		Rated Capacity	
39	39 72.7			Bus R	toute Mileage	ŭ	72	
Vehicle I.D. #		cense #		☐ District	: Owned ct - If so, Name of Owner	Contractor ( Treasure St		
7132		005		□ Contra	cted rate per mile			
Reimbursement Distribution- En	nter the le	gal entity		e of state/co atch budget		aid to each dis	strict. Note: Percentages	
Legal Entity Legal Entity 0487 0488				Legal E	ntity	Legal Entit	ty	
% 45.51 % 54.49			49	%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupils	5	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/k	Kindergarte	en	NONDER		NOWBER		a i b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance garten rider	~s)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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bus operates on the route as ap Signature - Chair, Board of Trustees	proved by							
orginature - Orian, board or Trustees	•					Date		
This Application for Registration area assigned to it by the Count	of Schoo ty Transpo	ol Bus and ortation C	State Reimbursement		accordance with Section eviewed and I certify that thi			
Signature - Chair, County Transporta	ation Comn	mittee				Date		



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement of							one form for e	ach bus route that
<b>Due Date</b> All Routes	s:		-	ounty Sup		To OPI October 15		Rate Per Mile \$1.80
County Name			County Number	District Name				Legal Entity Number
Lewis & Clark	wis & Clark 25			Helen	a Public S	chools		0487 0488
Route #	Length	of Route	(miles per day)		Service [	Bus Route Mil		Rated Capacity
19	69.4			Rus R	oute Milea	Non Bus Milea	age	84
Vehicle I.D. #	1	cense #		•	Owned		Contractor (	-
0763	42	229			ct - If so, Na cted rate per	me of Owner T	reasure St	tate Transit
Reimbursement Distribution- E	nter the le	egal entity		of state/co		sement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity 0487	Le	egal Entity		Legal E			Legal Enti	ty
0 <del>1</del> 01								
% 62.52		% 37.	48	%			%	
PASSENGER INFORMATION			ELEMENTARY RIDE	DC	L 1116	SH SCHOOL RII	DEDC	TOTAL
Number of Preschool/Kinderga riding this route	rten pupil:	s	(Grades PK-8)	KS	nic	(Grades 9-12)		ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/riders)	Kindergarte	en	NOMBER			NOMBER		a + 5
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)	dance	)						
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)		ers)						
TOTAL RIDERS								
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this to required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from so we understand that violations of this bus route.  We agree that if this route crosses the school boards of both districts of we understand route changes of accordance with 20-10-132, MCA.	We further bus and bus meets the tensed, qua- liciting or co the laws, rouses district li- hall be atta courring du	r certify that is route by the minimum's alified and a causing otherules or regulates and transched to the curing the sch	this bus transports pupils en the State Superintendent; to tandards as established by upproved driver to operate supers to solicit students from outlations governing school transports students from outside county superintendent's concol year require the filing of	ligible for sch make such r the Board of uch vehicle a ther transpor ansportation de the distric py of this do f an amende	nool transporta eports to the S Public Educat s required by 2 tation areas. will be sufficient, a copy of the cument. d TR-1 form ar	tion as defined by state Superintende ion, the Montana I 20-10-103, MCA. Int cause for withhouse agreement between dapproval of the	20-10-101, MC int and County dighway Patrol olding of state a een Boards, 20- County Transp	SA. Superintendent as are and the State  and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my know bus operates on the route as approved by and within the transportation service area assigned by the County Transportation C								
Signature - Chair, Board of Trustee:	s						Date	
County This Application for Registration area assigned to it by the County	n of School	ol Bus and						
Signature - Chair, County Transport							Date	



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.								
<b>Due Dates:</b> All Routes	-		County		To OPI October 15		Rate Per Mile \$1.80	
County Name		County Number	District Name				Legal Entity Number	
Lewis & Clark		25	Helena Public Schools				0487 0488	
Route #	oute (miles per day)	T	ype of	Service   Bus Route Mi  Non Bus Mile		Rated Capacity		
16		В	Bus R	oute Mileage	•	84		
Vehicle I.D. # 6996	License 3755	<del>:</del> #		Contrac	Owned Ct - If so, Name of Owner ct - If so tate per mile	Contractor ( Freasure St		
Reimbursement Distribution- Ente	er the legal e		age of sta	tate/cou	unty reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity	Entity	match b	oudget! egal Er		Legal Enti	ty		
0487		0488						
% 78.12	21.88		%		%			
PASSENGER INFORMATION				,,,				
Number of Preschool/Kindergarte riding this route	ELEMENTARY RII (Grades PK-8			HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
	a NUMBER			b NUMBER		C		
Regular (include eligible Preschool/Kindergarten					NUMBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Se	ervice							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., un miles OR nonresident and no attendan agreement) (Include ineligible Preschool/Kindergar	ice							
Nonpublic School Riders (ineligible)	terr riders)							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees								
This Application for Registration o	f School Bus	and State Reimbursemen			accordance with Section 2 viewed and I certify that this			
area assigned to it by the County Signature - Chair, County Transportation						Date		



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement events.						one form for e	ach bus route that	
<b>Due Dates</b> All Routes				ounty Sup	t To OPI October 15		Rate Per Mile \$0.95	
County Name			County Number	District	Name		Legal Entity Number	
Lewis & Clark					a Public Schools		0487 0488	
Route #	Length	of Route (	(miles per day)	Type of	f Service □ Bus Route M □ Non Bus Mile		Rated Capacity	
60	0 71.4			Bus R	Route Mileage	ŭ	10	
Vehicle I.D. #	Lic	cense #		□ District	Owned (set - If so, Name of Owner	Contractor (		
2314	28	879			cted rate per mile			
Reimbursement Distribution- En	iter the le	gal entity		e of state/co atch budget		aid to each dis	strict. Note: Percentages	
Legal Entity 0487 Legal Entity 0488				Legal E		Legal Entit	ty	
0407								
<b>%</b> 50.00 <b>%</b> 50.00				%		%		
PASSENGER INFORMATION	ELEMENTARY RIDE	RS	HIGH SCHOOL R	IDERS	TOTAL			
Number of Preschool/Kindergar riding this route	s	(Grades PK-8)		(Grades 9-12	2)	ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/kiriders)	Kindergarte	en	HOMBER		HOMBER		4 1 5	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg	jarten rider	rs)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees								
County T This Application for Registration area assigned to it by the Count	of School	ol Bus and	State Reimbursement		accordance with Section eviewed and I certify that thi			
Signature - Chair, County Transporta						Date		



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						ne form for ea	ach bus route that
	-				To OPI		Rate Per Mile
Due Date: All Routes			ounty Sup ber 1				\$1.80
County Name		County Number	District	District Name			Legal Entity Number
Lewis & Clark		25	Helen	a Public	Schools		0487 0488
Route #	Length of Route (miles per day)				☐ Bus Route Mile		Rated Capacity
07	68				□ Non Bus Milea eage	ge	84
Vehicle I.D. #					C	ontractor C	
3243	4219			ct - If so, Na cted rate pe	ame of Owner Termile	reasure St	ate Transit
Reimbursement Distribution- Er	nter the legal en		of state/co		ursement to be pa	id to each dis	trict. Note: Percentages
Legal Entity	Legal Er	ntity	Legal E	ntity		Legal Entit	у
0487		0488		0491			
% 44.91	%	25.52	%	29.57		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HI	GH SCHOOL RID (Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
riding this route							
		а			р		C
Regular (include eligible Preschool/I	Kindergarten	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)							
agreement) (Include ineligible Preschool/Kinderg							
Nonpublic School Riders (ineligible)	garteri fluers)						
TOTAL RIDERS							
We hereby certify that this bus w	ill aparata antiroly	on the route established by the	Poord of Tr	ustons and wi	ithin the transportation	on area assigna	and approved by the
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which sperintendent; and to provide a lice We also agree to refrain from sol	We further certify has and bus route meets the minimuensed, qualified an iciting or causing or	that this bus transports pupils e by the State Superintendent; to m standards as established by nd approved driver to operate s others to solicit students from o	ligible for sch make such r the Board of uch vehicle a ther transpor	nool transport eports to the Public Educa is required by tation areas.	tation as defined by 2 State Superintender ation, the Montana H / 20-10-103, MCA.	20-10-101, MC, nt and County S lighway Patrol a	A. Superintendent as are and the State
We understand that violations of this bus route.	the laws, rules or	regulations governing school tr	ansportation	will be suffici	ent cause for withhol	lding of state ar	nd county reimbursement for
We agree that if this route crosse the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA.	nall be attached to	the county superintendent's co	py of this do	cument.	-		
I certify that this application for							
bus operates on the route as ap Signature - Chair, Board of Trustees		within the transportation se	vice area a	issigned by	the County Trans	Date Date	mmuee.
County This Application for Registration area assigned to it by the Coun	of School Bus						
Signature - Chair, County Transport		** *				Date	_



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ex	nce with 7 ven thoug	Title 20, C gh transpo	Chapter 10, Part 1, MCA	A. S entity	chool dis y may ut	strict official mus	st complete o s.	ne form for e	
<b>Due Dates</b> All Routes	<b>s</b> :			Cou ober	nty Supt		<b>OPI</b> ctober 15		Rate Per Mile \$1.57
County Name County Numb			County Number		District	Name			Legal Entity Number
Lewis & Clark	Lewis & Clark 25				Helen	a Public Sch	ools		0487 0488
Route #					Type of	Service   B	us Route Mile on Bus Milea	-	Rated Capacity
40 63.8					Bus R	oute Mileage		ige	77
Vehicle I.D. # License #					District			ontractor (	
4395	42	237				ct - If so, Name cted rate per mi		reasure St	ate Fransit
Reimbursement Distribution- En	ter the le	gal entity			state/co		nent to be pa	id to each dis	strict. Note: Percentages
Legal Entity	Le	egal Entity	1	i atol	Legal E			Legal Entit	ty
0487 0488									
% 42.30 % 57.70			70		%			%	
PASSENGER INFORMATION		1	E. E	===				-	
Number of Preschool/Kindergart riding this route	ten pupils	s	ELEMENTARY RID (Grades PK-8)		i		SCHOOL RIE Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMBER				b NUMBER		c a + b
Regular (include eligible Preschool/K	Cindergarte	en	NOMBER				NUMBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda									
agreement) (Include ineligible Preschool/Kinderg		rs)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees			·				-	Date	
County T	ransport	tation Co	mmittee Approval as	rea	uired in	accordance wi	th Section 2	0-10-132. MC	CA.
This Application for Registration area assigned to it by the County	of Schoo	ol Bus and	State Reimbursemen						
Signature - Chair, County Transporta								Date	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement evi					one form for ea	ach bus route that
	J					Rate Per Mile
<b>Due Dates</b> : All Routes	l		ounty Supt ober 1	t To OPI October 15		\$1.57
County Name		County Number	District	Name		Legal Entity Number
Lewis & Clark 25			Helen	a Public Schools		0487 0488
Route #	Length of Ro	ute (miles per day)		f Service   Bus Route M		Rated Capacity
40 A	63.9			□ Non Bus Mile Route Mileage	eage	77
Vehicle I.D. #	License	#	□ District	Owned	Contractor C	
4395	4237			ct - If so, Name of Owner cted rate per mile	Treasure St	ate Transit —
Reimbursement Distribution- Ent	er the legal er		e of state/co atch budget		oaid to each dis	trict. Note: Percentages
Legal Entity	Legal E	ntity	Legal E		Legal Entit	у
0487		0488				
% 42.30	%	57.70	%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergarte	en pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route	<u> </u>	,		,	,	
		a		b		c <sub>.</sub>
Regular (include eligible Preschool/Ki	ndergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related S	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda						
agreement) (Include ineligible Preschool/Kinderga						
Nonpublic School Riders (ineligible)	itteri fiders)					
TOTAL RIDERS						
We hereby certify that this bus will	operate entirely	on the route established by the	a Board of Tru	ustons and within the transports	ation area assign	and approved by the
County Transportation Committee. We agree to supervision of this bu required; to provide a vehicle which m Superintendent; and to provide a licer	e further certify s and bus route neets the minimules and qualified a	that this bus transports pupils of by the State Superintendent; to am standards as established by and approved driver to operate s	eligible for schoon make such root the Board of such vehicle a	nool transportation as defined be reports to the State Superintence Public Education, the Montana required by 20-10-103, MCA	y 20-10-101, MC. lent and County S Highway Patrol a	A. Superintendent as are
We also agree to refrain from solic We understand that violations of the this bus route.					nolding of state a	nd county reimbursement for
We agree that if this route crosses the school boards of both districts sha					veen Boards, 20-	10-126(2) MCA, signed by
We understand route changes occaccordance with 20-10-132, MCA.					e County Transpo	ortation Committee in
I certify that this application for re						
bus operates on the route as app Signature - Chair, Board of Trustees	noved by and	within the transportation se	i vice area a	issigned by the County Trai	Date Date	mmuee.
County Tr This Application for Registration of area assigned to it by the County	of School Bus	and State Reimbursement		accordance with Section eviewed and I certify that the		
Signature - Chair, County Transportate					Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement even								
<b>Due Dates</b> : All Routes	:			ounty Sup	To OPI October 15		Rate Per Mile \$1.80	
County Name		Cou	unty Number	District	Name		Legal Entity Number	
Lewis & Clark		25			a Public Schools		0487 0488	
Route #	Length of R	toute (miles	s per day)	Type of	F Service ☐ Bus Route Mi☐ Non Bus Mile	•	Rated Capacity	
11	62.5			1	toute Mileage	Ü	84	
Vehicle I.D. # 0762	4223				: Owned Ct - If so, Name of Owner Cted rate per mile	Contractor ( Treasure St		
Reimbursement Distribution- Ent	er the legal	entity numb		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity 0487	Legal	Entity 0488	must m	Legal E		Legal Entit	у	
% 62.93	%	37.07		%		%		
PASSENGER INFORMATION	,,							
Number of Preschool/Kindergarte riding this route	en pupils	EL	EMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten					NOMBER		a + D	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	nce							
Nonpublic School Riders (ineligible)	aton nacroy							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as app Signature - Chair, Board of Trustees	proved by ar	d within the	e transportation se	rvice area a	ssigned by the County Tran	sportation Cor	nmittee.	
This Application for Registration area assigned to it by the County	of School Boy Transporta	us and Stat tion Comm	te Reimbursement		accordance with Section aviewed and I certify that this			
Signature - Chair, County Transportat	tion Committe	е				Date		



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Rate Per Mile  Due Dates: All Routes  County Number  Lewis & Clark  Route #  Length of Route (miles per day)  Vehicle I.D. #  License #  County Supt October 1  County Number  District Name  Legal Entity Number  District Name  Legal Entity Number  Contract Odes  Rated Capacity  Non Bus Mileage  66  Contractor Owned  Contractor Owned  Contractor Owned  Contractor If so, Name of Owner Treasure State Transit  Contracted rate per mile
County Name  County Name  County Number  District Name  Lewis & Clark  Route #  Length of Route (miles per day)  County Name  Length of Route (miles per day)  District Name  Helena Public Schools  Type of Service  Bus Route Mileage  Non Bus Mileage  Non Bus Mileage  Bus Route Mileage  Vehicle I.D. #  Contract Owned  Contract - If so, Name of Owner Treasure State Transit  Contracted rate per mile  Contracted rate per mile
Lewis & Clark  Route # Length of Route (miles per day)  26 Vehicle I.D. # Contractor Owned  4218  Helena Public Schools  Type of Service Bus Route Mileage Rated Capacity  District Owned Contractor Owned  Contract - If so, Name of Owner Treasure State Transit  Contracted rate per mile
Route # Length of Route (miles per day)  26
26 62.2 Bus Route Mileage 66  Vehicle I.D. #  6176 License #  4218 District Owned Contractor Owned  Contract - If so, Name of Owner Treasure State Transit  Contracted rate per mile
26   62.2   Bus Route Mileage   66   Vehicle I.D. #   License #   District Owned   Contractor Owned   6176   4218   Contracted rate per mile   Treasure State Transit
Vehicle I.D. #    Contractor Owned
6176
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!
Legal Entity Legal Entity Legal Entity Legal Entity
0487
% 100.00 % %
PASSENGER INFORMATION
Number of Preschool/Kindergarten pupils
riding this route (Costa Costa
a b c
NUMBER NUMBER a + b Regular (include eligible Preschool/Kindergarten
riders)  1st Wheelchair (WC)
2nd Wheelchair (WC)
Additional Wheelchairs (WC)
Non-WC IEP Lists Trans as Related Service
TOTAL ELIGIBLE RIDERS
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance
agreement) (Include ineligible Preschool/Kindergarten riders)
Nonpublic School Riders (ineligible)
TOTAL RIDERS
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the
County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are
required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.
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this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by
the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.
Signature - Chair, County Transportation Committee  Date



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for ea		
<b>Due Dates</b> All Routes	<b>::</b>		To Cou	u <b>nty Supt</b> er 1	To OPI October 15		Rate Per Mile \$1.80	
County Name		County Number		District	Name		Legal Entity Number	
Lewis & Clark		25			a Public Schools		0487 0488	
Route #	Length of Ro	oute (miles per day)		Type of	Service   Bus Route M  Non Bus Mile	•	Rated Capacity	
28	65.5		-	Bus R	oute Mileage	Ü	81	
Vehicle I.D. # 3875	License 4687	: #			Owned ct - If so, Name of Owner cted rate per mile	Contractor ( Treasure St		
Reimbursement Distribution- En	ter the legal e		entage o	f state/co	unty reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal E		nust mate	th budget Legal E		Legal Entit	у	
0487		0488						
% 63.71	%	36.29		%		%		
PASSENGER INFORMATION							_	
Number of Preschool/Kindergart riding this route	en pupils	ELEMENTARY (Grades P		S	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		а	-D		b		С	
Regular (include eligible Preschool/K	indergarten	NUMBE	=R		NUMBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attendated agreement) (Include ineligible Preschool/Kinderg-Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees						Date		
This Application for Registration area assigned to it by the County	of School Bus y Transportati	s and State Reimburse on Committee.			accordance with Section viewed and I certify that thi			
Signature - Chair, County Transporta	tion Committee					Date		



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Due Date:    Die Date   Die Date	This form is required in accorda							one form for e	ach bus route that
County Name Lewis & Clark  County Number Lewis & Clark  Length of Route (miles per day)  O6  65.2  Vehicle LD.#  Length of Route (miles per day)  O6  65.2  Vehicle LD.#  Length of Route (miles per day)  O6  65.2  Vehicle LD.#  Length of Route (miles per day)  O6  65.2  Vehicle LD.#  Length of Route (miles per day)  O6  O6  Contract- If so, Name of Owner  Contractor Owned  Contractor Less (Name of Owner Treasures State Transit  Contract- If so, Name of Owner Treasures State Transit  Contract- If so, Name of Owner Treasures State Transit  Legal Entity  O487  Legal Entity  O487  Legal Entity  O488  Legal Entity  O488  Legal Entity  O488  Legal Entity  Legal Entity  O488  Legal Entity  O488  Legal Entity  O488  Remote State Contracted rate per mile  Legal Entity  O487  Legal Entity  O488  Legal Entity  O488  Resputs (include eligible Preschool/Kindergarten pupils (Grades PK-6)  Regular (include eligible Preschool/Kindergarten Regular (Include Preschool/Kindergarten Regular (Incl			апорог	•					Rate Per Mile
Lewis & Clark						•			\$1.57
Route #   Length of Route (miles per day)   Type of Service   Dun Route Mileage   Rated Capacity   Rated Route Mileage   Rated Capacity   Rated Route   Dun Route Mileage   Rated Route Mileage   Rated Route	County Name		(	County Number	District	Name			Legal Entity Number
Route #   Length of Route (miles per day)   Type of Service   Dun Route Mileage   Rated Capacity   Rated Route Mileage   Rated Capacity   Rated Route   Dun Route Mileage   Rated Route Mileage   Rated Route	Lewis & Clark			25	Helen	a Public S	Schools		0487 0488
Objective   District Owned   Contractor Owned   State   Stat						f Service [	□ Bus Route Mil		
Vehicle I.D. #   Contractor Owned   Contractor Owned   Contractor Owned   Contractor I so, Name of Owner Treasure State Transit   Contractor I so, Name of Owner Treasure State Transit   Contractor I so, Name of Owner Treasure State Transit   Contractor I so Contractor	06	65.2	5.2			I = = = = = = = = = = = = = = = = = = =			71
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  0487  Legal Entity  1 Legal Entity  0488  Legal Entity  1 Legal Entity  1 Legal Entity  1 Legal Entity  1 Legal Entity  2 Legal Entity  1 Legal Entity  2 Legal Entity  3 Legal Entity  4 Legal Entity  2 Legal Entity  3 Legal Entity  4 Legal Entity  4 Legal Entity  5 Legal Entity  4 Legal Entity  5 Legal Entity  4 Legal Entity  5 Legal Entity  6 Legal Entity  7 Legal Entity  8 Legal Entity  8 Legal Entity  8 Legal Entity  9 Legal Entity  6 Legal Entity  8 Legal Entity  9 Legal Entity  9 Legal Entity  1 Legal Entity  1 Legal Entity  8 Legal Entity  9 Legal Entity  1 Legal Entity  2 Legal Entity  2 Legal Entity  2 Legal Entity  3 Legal Entity  4 Legal Entity  1 Legal Entity  2 Legal Entity  2 Legal Entity  2 Legal Entity  3 Legal Entity  4 Legal Entity  5 Legal Entity  6 Legal Entity		<u> </u>	e #			Bas Reate Mileage			
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We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date  County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.							ent cause for withh	olding of state a	nd county reimbursement for
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	This Application for Registration	n of School Bu	s and S	State Reimbursement					
	· ·							Date	



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement e	ven though tran	sportees of another legal e	ntity may ut	tilize the services.		Rate Per Mile		
<b>Due Dates</b> All Routes			ounty Sup ber 1	t To OPI October 15		\$1.36		
County Name		County Number	District	Name		Legal Entity Number		
Lewis & Clark		25	Helen	a Public Schools		0487 0488		
Route #	Length of Rou	te (miles per day)	Type of	f Service ☐ Bus Route I		Rated Capacity		
42	66.7		Bus R	□ Non Bus Mi Route Mileage	66			
Vehicle I.D. #	License	<del>‡</del>		□ District Owned Contractor Owned				
0960	4245		<ul> <li>□ Contract - If so, Name of Owner Treasure State Transit</li> <li>□ Contracted rate per mile</li> </ul>					
Reimbursement Distribution- En	ter the legal en				paid to each dis	trict. Note: Percentages		
Legal Entity 0487	Legal Er		atch budget Legal E		Legal Entity	У		
% 100.00	%		%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBEF	₹	c a + b		
Regular (include eligible Preschool/Friders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees		within the transportation se	ivice area a	issigned by the County 118	Date Date	mmuee.		
This Application for Registration	of School Bus							
area assigned to it by the Count Signature - Chair, County Transporta		i Committee.			Date			



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.										
Due Date:		o a g a a o			nty Supt			Rate Per Mile		
All Routes				Octobe		October 15		\$1.80		
County Name			County Number		District	Name		Legal Entity Number		
Lewis & Clark			25		East F	Helena Elementary		0492		
Route #	<u>.</u>					Service   Bus Route M		Rated Capacity		
2	77	7			Rue D	□ Non Bus Mile coute Mileage	age	88		
Vehicle I.D. #		License #				<u> </u>	District Own			
3172		1375			Contra	ct - If so, Name of Owner cted rate per mile				
Reimbursement Distribution- Er	nter the	e legal entit			f state/co h budget		aid to each dis	strict. Note: Percentages		
Legal Entity		Legal Ent		i mate	Legal E		Legal Entit	ty		
0492										
% 100.00		%			%		%			
PASSENGER INFORMATION	_	70			70		70			
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTARY R (Grades PK-		5	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a			b		С		
Regular (include eligible Preschool/l	Kinderga	arten	NUMBER			NUMBER		a + b		
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service	9								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)		3								
agreement) (Include ineligible Preschool/Kinderg	arten ri	iders)								
Nonpublic School Riders (ineligible)		,								
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees										
County This Application for Registration						accordance with Section eviewed and I certify that this				
area assigned to it by the Coun- Signature - Chair, County Transport			Committee.				Date			
gataro chan, county transport										



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Due Dates: All Routes  To County Supt October 1  County Name  Lewis & Clark  Due Dates: County Number  County Number District Name  East Helena Elementary	Legal Entity Number  0492  Mileage Rated Capacity							
County Name County Number District Name	Legal Entity Number  0492  Mileage Rated Capacity  72							
	0492 Mileage Rated Capacity fileage 72							
Lewis & Clark 25 East Helena Flementary	Mileage Rated Capacity fileage 72							
Lewis & Clark 25 Last Helena Liementary	fileage 72							
Route # Length of Route (miles per day) Type of Service □ Bus Route	72							
□ Non Bus N Bus Route Mileage	District Owned							
Vehicle I.D. #								
4231 Contract - If so, Name of Owne    Contracted rate per mile								
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be	e paid to each district. Note: Percentages							
Legal Entity	Legal Entity							
0492								
% 100.00 %	%							
PASSENGER INFORMATION								
Number of Preschool/Kindergarten pupils riding this route  ELEMENTARY RIDERS (Grades PK-8) (Grades 9								
a b NUMBER NUMBE	C a + b							
Regular (include eligible Preschool/Kindergarten riders)								
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)								
(Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for registration of school bus and state reimbursement is true and complete to the bus operates on the route as approved by and within the transportation service area assigned by the County T	, ,							
Signature - Chair, Board of Trustees	Date							
County Transportation Committee Approval as required in accordance with Section This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that area assigned to it by the County Transportation Committee.								
Signature - Chair, County Transportation Committee	Date							



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for e	ach bus route that
Due Date:		agii ti dillop	· ·	ounty Sup		To OPI		Rate Per Mile
All Routes			Octob		ı	October 15		\$1.80
County Name			County Number	District	Name			Legal Entity Number
Lewis & Clark			25	Fast F	Helena F	lementary		0492
Route #	Length	of Route	(miles per day)		Type of Service ☐ Bus Route Mil			Rated Capacity
5	52			☐ Non Bus Milea Bus Route Mileage			age	88
Vehicle I.D. #	l	icense #		□ District			District Owr	
5574	1	530			Contract - If so, Name of Owner			
Reimbursement Distribution- Er	nter the l	egal entity				ursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	L	egal Entit		tch budget Legal E			Legal Enti	ty
0492								
% 100.00		%		%			%	
PASSENGER INFORMATION		70		70			70	
Number of Preschool/Kindergar	ton nuni	le.	ELEMENTARY RIDE (Grades PK-8)	RS	Н	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route	Terr pupi	15	(Glades FN-6)			(Graues 9-12	)	LLIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/liriders)	Kindergar	ten	NOMBLIC			NONBLIX		a + D
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderd	arten ride	ers)						
Nonpublic School Riders (ineligible)	juitori ilu	0.07						
TOTAL RIDERS								
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accordance with 20-10-132, MCA.  I certify that this application for I								
bus operates on the route as ap Signature - Chair, Board of Trustees		by and wit	hin the transportation ser	vice area a	ssigned by	the County Tran	sportation Co Date	mmittee.
<u>,                                      </u>								
This Application for Registration	of Scho	ool Bus an						
area assigned to it by the Count Signature - Chair, County Transport			Committee.				Date	
o.gataro onan, oounty manapoit							2010	



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for e	ach bus route that
<b>Due Date</b> All Routes				County Sutober 1	ıpt	<b>To OPI</b> October 15		Rate Per Mile \$1.57
County Name			County Number	Distri	ct Name			Legal Entity Number
Lewis & Clark			25	Eas	t Helena Ele			0492
Route #	Length of Route (miles per day)			Туре		☐ Bus Route Milea ☐ Non Bus Milea		Rated Capacity
3	48			Bus	Route Mile		ige	78
Vehicle I.D. #	L	_icense #			ict Owned		istrict Own	ed
9429		1053		□ Con	tract - If so, Na tracted rate pe	r mile		
Reimbursement Distribution- Er	nter the	legal entity		ge of state/ match budg		rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity 0492	I	Legal Entity			Entity		Legal Entit	ty
0492								
% 100.00		%		%			%	
PASSENGER INFORMATION			ELEMENTA DV DID	2500	1112	211 221 221 PI	2500	TOTAL
Number of Preschool/Kindergar riding this route	ten pup	ils	ELEMENTARY RIC (Grades PK-8)		HIC	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/	Kindergaı	rten	NOWBER			NOMBLIX		a i b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	lance	1						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		iers)						
TOTAL RIDERS								
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								_
This Application for Registration area assigned to it by the Count	of School ty Trans	ool Bus and sportation C					bus operates	
Signature - Chair, County Transport	ation Cor	mmittee					Date	



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.										
		ough trans		County S	•		I	Rate Per Mile		
<b>Due Date</b> All Routes				tober 1	Supt	<b>To OPI</b> October 15	:	\$1.57		
County Name			County Number	Dis	strict N	Name		Legal Entity Number		
Lewis & Clark			25	Ea	ast H	elena Elementary		0492		
Route #						Service   Bus Route Mil		Rated Capacity		
3b	24					□ Non Bus Milea oute Mileage	ige	78		
Vehicle I.D. #	<u> </u>	License #	<del>‡</del>				istrict Own	-		
9429		1053				et - If so, Name of Owner eted rate per mile				
Reimbursement Distribution- Er	nter the	e legal ent		ge of state			aid to each dis	trict. Note: Percentages		
Legal Entity		Legal En			gal En		Legal Entity	у		
0492										
% 100.00		%		(	%		%			
PASSENGER INFORMATION				_						
Number of Preschool/Kindergal riding this route	rten pu	ıpils	ELEMENTARY RID (Grades PK-8)			HIGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS		
Truing and route			a			b		С		
Dec les (includes linited by the December 1997)	Z' I		NUMBER			NUMBER		a + b		
Regular (include eligible Preschool/lriders)	Kinderg	arten								
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	l Service	е								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)		3								
agreement) (Include ineligible Preschool/Kinderg	narten ri	iders)								
Nonpublic School Riders (ineligible)										
TOTAL RIDERS										
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bus operates on the route as ap	prove					•	sportation Con	•		
Signature - Chair, Board of Trustees	6						Date			
County This Application for Registration area assigned to it by the Coun	n of Scl	hool Bus a	and State Reimbursemen			accordance with Section 2 viewed and I certify that this				
Signature - Chair, County Transport	-						Date			



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e	ven the	ough tra	nsportees of another le	egal enti	ty may utilize the s	Rate Per Mile		
<b>Due Dates</b> All Routes				To Cou Octobe	nty Supt r 1	To OPI October 15		\$1.15
County Name			County Number		District Name			Legal Entity Number
Lewis & Clark			25		Lincoln K-12	Schools		1221
Route #	Leng	th of Ro	ute (miles per day)			☐ Bus Route Mi		Rated Capacity
15SW	37				Bus Route Mi	□ Non Bus Milea leage	age	59
Vehicle I.D. #		License	: #		District Owned		Contractor (	
6951		456A			_	Name of Owner L per mile	Louri Richai	rds 
Reimbursement Distribution- Er	nter the	e legal e			f state/county reim	bursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Legal E		ust mate	Legal Entity		Legal Entit	у
1221								
% 100.00		%			%		%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTARY (Grades Pl		S   1	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
				a NUMBER				c a+b
Regular (include eligible Preschool/hriders)	Kinderga	arten				NUMBER		
1st Wheelchair (WC)								
2nd Wheelchair (WC)	2nd Wheelchair (WC)							
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	Э						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance garten ri							
TOTAL RIDERS								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for rubus operates on the route as ap								
Signature - Chair, Board of Trustees		<u>,                                    </u>	,		<u> </u>		Date	
County This Application for Registration area assigned to it by the County	of Sch	hool Bus					•	
Signature - Chair, County Transporta							Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement events.						te one form for e	each bus route that	
	-	ansportees of another is					Rate Per Mile	
<b>Due Dates</b> All Routes			To Cou Octobe	nty Supt r 1	t To OPI October 15		\$1.36	
County Name		County Number		District	Name		Legal Entity Number	
Lewis & Clark		25		Lincol	n K-12 Schools		1221	
Route #				Type of	Service Bus Route		Rated Capacity	
15E	52.6	52.6			□ Non Bus M coute Mileage	60		
Vehicle I.D. #	Licens	e#		District Owned Contractor Owned				
0057	583C				ct - If so, Name of Owner cted rate per mile	Louri Richa	rds 	
Reimbursement Distribution- En	ter the legal e			f state/co h budget		e paid to each di	strict. Note: Percentages	
Legal Entity	Legal		ust mate	Legal E		Legal Enti	ty	
1221								
% 100.00	%			%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergar	ten pupils	ELEMENTARY (Grades P		3	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS	
riding this route		`	,		,	,		
		a			b	_	c .	
Regular (include eligible Preschool/k	Kindergarten	NUMBE	:K		NUMBE	K	a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg								
Nonpublic School Riders (ineligible)	arten nders)							
TOTAL RIDERS								
We hereby certify that this bus wi County Transportation Committee.	Ne further certi	fy that this bus transports p	upils eligi	ible for sch	ool transportation as defined	l by 20-10-101, MC	CA.	
We agree to supervision of this be required; to provide a vehicle which a Superintendent; and to provide a lice	meets the minir	num standards as establish	hed by the	e Board of	Public Education, the Monta	na Highway Patrol		
We also agree to refrain from soli	citing or causin	g others to solicit students	from othe	r transport	tation areas.		and county reimburgement for	
We understand that violations of this bus route.								
We agree that if this route crosse the school boards of both districts sh	all be attached	to the county superintende	ent's copy	of this doo	cument.	,	( ) , , ,	
We understand route changes or accordance with 20-10-132, MCA.	curring during t	he school year require the	filing of a	n amended	d TR-1 form and approval of	the County Transp	ortation Committee in	
I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees		·			•	Date		
County 7	'ranenortotic	on Committee Anneces	al ac ====	uirod in	accordance with Section	n 20-10 122 M	<u>^</u> Λ	
This Application for Registration area assigned to it by the Count	of School Bu	s and State Reimburse			accordance with Section in the section with section and I certify that			
Signature - Chair, County Transporta	ation Committee	9				Date		



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

		ven thoug s:			gal entity	y may ut nty Supt	ilize the ser			ach bus route that Rate Per Mile \$0.95	
County Name				County Number		District	Name			Legal Entity Number	
Lewis & Clark				25 Augusta Public Schools			Schools		0502 0503		
		of Route	Route (miles per day)		Type of Service ☐ Bus Route Mi				Rated Capacity		
2 83						□ Non Bus Mile. Bus Route Mileage			ige	42	
		cense #	ense #		□ District Owned D			District Owned			
1133 572		723	3		<ul><li>□ Contract - If so, Name of Owner</li><li>□ Contracted rate per mile</li></ul>						
Reimbursement D	istribution- En	ter the le	egal entity					irsement to be pa	id to each dis	strict. Note: Percentages	
Legal Entity 0503	Legal Entity 0503		Legal Entity 0502		st mater	atch budget! Legal Entity			Legal Entity		
% 28.00	1		% 72.00			%			%		
PASSENGER INF			70 12		_	70			70		
Number of Preschool/Kindergarten pupi		ten pupils	s	ELEMENTARY RIDERS (Grades PK-8)		•	HIGH SCHOOL RIDERS (Grades 9-12)			TOTAL ELIGIBLE RIDERS	
				a NUMBER			b NUMBER			C	
Regular (include eligible Preschool/Kindergarte			en	NOWBER			NUMBER		a + b		
riders) 1st Wheelchair (WC)	)										
2nd Wheelchair (WC	<b>(</b> )										
Additional Wheelchairs (WC)											
Non-WC IEP Lists Trans as Related Service											
TOTAL ELIGIBLE RIDERS											
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance											
agreement) (Include ineligible Preschool/Kindergarten riders)			ers)								
Nonpublic School Riders (ineligible)											
TOTAL RIDERS											
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.											
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.											
Signature - Chair, Board of Trustees								j	Date		
This Application for area assigned to i	or Registration	of School	ol Bus and							CA. swithin the transportation	
Signature - Chair, Co									Date		



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							ne form for ea	ach bus route that	
	· ·	anoportodo or another	Ū	, ,				Rate Per Mile	
<b>Due Dates</b> All Routes		To County Supt October 1		i	<b>To OPI</b> October 15		\$0.95		
County Name		County Number	r	District	Name			Legal Entity Number	
Lewis & Clark		25		Augus	ta Public	Schools		0502 0503	
Route #	Length of R	oute (miles per day)			Service [	Bus Route Mile		Rated Capacity	
3	112			Bus R	oute Milea	∃ Non Bus Milea age	ige	23	
Vehicle I.D. #	Licens	e #		District			ontractor C		
2480	2843		<ul><li>□ Contract - If so, Name of Owner Amy Mills</li><li>□ Contracted rate per mile</li></ul>						
Reimbursement Distribution- En	iter the legal					rsement to be pa	id to each dis	trict. Note: Percentages	
Legal Entity	Legal	Entity	must mate	Legal E			Legal Entit	у	
0502									
% 100.00	%		%				%		
PASSENGER INFORMATION	/0			/0			/0		
Number of Preschool/Kindergar	ton nunile	ELEMENTAR' (Grades I		S	HIG	GH SCHOOL RIE (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
riding this route		(Grades i	FR-0)			(Grades 9-12)	1	LLIGIBLE RIDERS	
		a				b		С	
Regular (include eligible Preschool/k	(indergarten	NUMB	BER			NUMBER		a + b	
riders)	Mildergarten								
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e.,									
miles OR nonresident and no attend agreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten riders)								
TOTAL RIDERS									
We hereby certify that this bus wi County Transportation Committee.	We further certi	fy that this bus transports	pupils elig	ible for sch	ool transporta	ition as defined by	20-10-101, MC	Α.	
We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice	meets the mining ensed, qualified	num standards as establi and approved driver to o	ished by the perate suc	e Board of h vehicle a	Public Educat s required by 2	ion, the Montana H			
We also agree to refrain from soli We understand that violations of						nt cause for withho	olding of state a	nd county reimbursement for	
this bus route.  We agree that if this route crosse	s district lines a	and transports students fro	om outside	the district	, a copy of the	e agreement betwe	en Boards, 20-	10-126(2) MCA, signed by	
the school boards of both districts shad we understand route changes of accordance with 20-10-132, MCA.						nd approval of the	County Transpo	ortation Committee in	
I certify that this application for r bus operates on the route as ap									
Signature - Chair, Board of Trustees	•	are a arroportu	501 11	u	- 2.gou oy t	2 22 and 11 and	Date		
County 1 This Application for Registration area assigned to it by the Count	of School Bu								
Signature - Chair, County Transporta							Date		
						I			



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement of Due Date All Route	es:	ansportees of another le	egal entity may uti  To County Supt  October 1		Rate Per Mile \$0.95	
County Name		County Number	District N	Name	Legal Entity Number	
Lewis & Clark		25	Augus	ta Public Schools	0502 0503	
Route # Length of Route		oute (miles per day)	Type of	Service   Bus Route Mileage  Non Bus Mileage	Rated Capacity 29	
Vehicle I.D. #	e#	□ District	oute Mileage Owned Contra	Contractor Owned		
3125		□ Contrac	et - If so, Name of Owner Sharon			
Reimbursement Distribution- E	nter the legal of			unty reimbursement to be paid to e	ach district. Note: Percentages	
Legal Entity 0502			must match budget!  Legal Entity		Legal Entity	
% 47.00	%	53.00	%	C.	%	
PASSENGER INFORMATION		=, =	-			
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY (Grades P		HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS	
		a NUMBE	:R	b NUMBER	c a + b	
Regular (include eligible Preschool riders)  1st Wheelchair (WC)	/Kindergarten					
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	d Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e. miles OR nonresident and no atten agreement) (Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible	dance garten riders)					
TOTAL RIDERS						
County Transportation Committee. We agree to supervision of this required; to provide a vehicle which Superintendent; and to provide a lic We also agree to refrain from so We understand that violations of this bus route. We agree that if this route cross the school boards of both districts s	We further certibus and bus rout meets the miningensed, qualified sliciting or causin f the laws, rules es district lines a shall be attached	ry that this bus transports p te by the State Superintend num standards as establish and approved driver to ope g others to solicit students or regulations governing so and transports students fror to the county superintende	pupils eligible for scho dent; to make such re hed by the Board of F erate such vehicle as from other transporta school transportation v m outside the district, ent's copy of this doc	ation areas.  vill be sufficient cause for withholding of a copy of the agreement between Boa	01, MCA. County Superintendent as are Patrol and the State  state and county reimbursement for rds, 20-10-126(2) MCA, signed by	
bus operates on the route as a	pproved by an			ue and complete to the best of my ssigned by the County Transportati		
Signature - Chair, Board of Trustee	s			Date		
	n of School Bu	is and State Reimburse		accordance with Section 20-10-1 viewed and I certify that this bus op		
Signature - Chair, County Transpor				Date		